

Vendor Update Information

Clackamas Community College requires a birthdate in order to be a vendor.	Please provide your birthdate below.
*Indicates required field	

Vendor Name* _____

Date of Birth*: _____

Last 4 SSN or Vendor ID* _____

 \Box W-9 Attached (check if yes)

Date _____

Return completed form to:

EMAIL: apinvoices@clackamas.edu FAX: 503-722-5879 IN PERSON: Business Office, Barlow Hall Room 206 MAIL: Business Office, Clackamas Community College, 19600 Molalla Ave, Oregon City, OR 97045-7998

Vendor Signature* _____

OFFICE	USE	ONLY
Date Entered:		

Staff Initials: