

Department of Financial Services Garrett County Government

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VENDOR INFORMATION REQUEST

Company Name:	
Remit to Name:	
Remit to Address:	
herriit to Address.	
Accounts Receivable C	Contact:
A/R Email:	
Telephone Number:	
Fax Number:	
Website:	
Duns Number:	
Attached W-9 Form co	ompleted:
Would you be interested	ed in receiving payments electronically:
Yes No	