



CITY OF CRESTVIEW

198 N. WILSON ST
P.O. DRAWER 1209
CRESTVIEW, FL 32536
PHONE # (850) 682-1560 FAX # (850) 682-8077

VENDOR UPDATE FORM

Vendor Name _____

Physical Address _____

Remittance Address if different than physical
address _____

Name of Contact _____

Phone No. _____ Fax No. _____

Tax ID No. (for individual's please provide SSN) _____

Email Address (purchase orders will be emailed to the address provided)

Payment Options

___ Check - checks will take three to four weeks to receive from date invoice is remitted.

___ E-payables - email takes two weeks to receive from date invoice is remitted. (Please know that payment via E-payables means we will email you a temporary credit card number as payment. Any charges incurred are vendors responsibility)

If choosing the payment method of E-payables please provide a contact name and email for Accounts Receivable _____

Please return form to:

Ann Bravick
Accounts Payable
PO Box 1209
Crestview FL 32536