



Estancia Valley Solid Waste Authority

NEW VENDOR REQUEST FORM

Date _____

Vendor Name _____ NM Tax Identification _____

Vendor Address

Federal Tax Identification #
Or Social Security #

Telephone # (including area code)

A completed form W-9 must be attached to this form.

For EVSWA Office Use Only:

Date Entered in System _____
Eligible for 1099 _____