



Vendor Application/Update Form

To: Utah Department of Alcoholic Beverage Services
 Email: dabspurchasing@utah.gov

| Required Information | | | | |
|---|--|-----|--|-------|
| Invoice Information (Exactly as it will appear on your Invoice) | | | | |
| Name | | | | |
| Attention | | | | |
| City, State, Zip | | | | |
| Phone | | Fax | | Email |
| Legal name on file with IRS | | | | |
| Prepaid or FOB shipping Method | | | | |

Contact Purchasing at (801)977-6800 with any questions.

Please email a copy of this form to dabspurchasing@utah.gov, Subject: Vendor Application

| UDABS USE ONLY | |
|------------------------------------|--|
| State Vendor Number Assigned | |
| UDABS Purchase Order Vendor Number | |



Vendor Address Information Sheet

Regional Manager Information

Manager _____

Phone: _____

Address _____

Email: _____

City, State, Zip _____

Fax: _____

Local Representative Information

Full Name _____

Phone: _____

Address _____

Email: _____

City, State, Zip _____

Fax: _____

Purchase Order Information

Company _____

Phone: _____

Address _____

Email: _____

City, State, Zip _____

Fax: _____

Accounting Information

Contact _____

Email: _____

Shipping Point Information

Company _____

Phone: _____

Address _____

Email: _____

City, State, Zip _____

Fax: _____