



Form 3205 FR.09
Supplier Change Request

Revised 7/28/2021

* Please email completed form to supplier.change@yale.edu *

Supplier Name	Supplier Number

Select Type of Change(s)			
<input type="checkbox"/> Name Change	<input type="checkbox"/> New Address	<input type="checkbox"/> TIN Update	
New Name:	Line 1:		SSN:
	Line 2:		EIN:
	City, State, Zip:		

Select Requested Action
<input type="checkbox"/> Add to SciQuest: <ul style="list-style-type: none">Email address or fax number where requisitions should be sent (<i>required</i>): _____
<input type="checkbox"/> Reactivation <ul style="list-style-type: none">Note: upon reactivation, the payment terms applicable to this Supplier will be automatically updated to Net 45, unless the Supplier meets the exception criteria outlined in Policy 3401, Section 3401.3, or unless otherwise noted in "Notes and Special Instructions" below.
<input type="checkbox"/> Prizes and Awards

Notes and Special Instructions

Requester Name	Email	Date

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