



Form 3205 FR.09  
Supplier Change Request

Revised 3/5/2024

\* Please email completed form to [supplier.change@yale.edu](mailto: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"/> If a 1099 is needed, please check this box.		<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"><li>Email address or fax number where requisitions should be sent (<i>required</i>): _____</li></ul>
<input type="checkbox"/> Reactivation <ul style="list-style-type: none"><li><b>Note:</b> 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 <a href="#">Policy 3401, Section 3401.3</a>, or unless otherwise noted in "Notes and Special Instructions" below.</li></ul>
<input type="checkbox"/> Prizes and Awards

Notes and Special Instructions

Requestor Name	Email	Date

\* Please email completed form to [supplier.change@yale.edu](mailto:supplier.change@yale.edu) \*