



STATE OF MARYLAND
VENDOR MAINTENANCE REQUEST

SECTION I: Identifying Information

Agency Code:
Vendor ID:
Vendor Name:

SECTION II: Action Requested

Update, Activate Vendor, Inactivate Vendor, Undeliverable
Existing Vendor (Section III must be completed)
Check#
Select one:
All Mail Codes
Specific Mail Codes (Note in Section III)

SECTION III: Requested changes

Note: Supporting documentation (invoice, W-9, vendor contract, credential application, etc.) must be attached. Please complete form and fax to 410-974-2309.

Change Vendor Name
Change Vendor Address
Change Vendor Contact Number
Inactivate mail code(s)
Other Changes

SECTION IV: Authorization

Requested by: Date:
I attest that I am authorized to submit vendor table changes.
Agency Coordinator Signature: Phone:
Email:

SECTION V: Administrative Use Only

GAD Input By: GAD Reviewed By:
GAD 710 (Rev 7/15)