



Montgomery County Auditor

Accounts Payable Division

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Rakesh Pandey, CPA
County Auditor

Shelby Rushing
Accounts Payable Supervisor

Vendors requesting address and/or contact information changes must complete this form in full. Signature of an officer of the company with the designated authority to make such change(s) is required. This form does not apply to business reorganizations or mergers which result in a change of name or address. For details regarding business name changes, please contact the County Auditor's Office.

VENDOR INFORMATION

Vendor Legal Name: _____

FEIN/Social Security #: _____

Phone: _____

Email Address: _____

VENDOR CHANGES

<i>VENDOR INFORMATION (change from)</i>	<i>VENDOR INFORMATION (change to)</i>
Mailing Address:	Mailing Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

By signing this form, you are authorizing the County Auditor's Office to update your vendor file to reflect the changes listed above, which may include the address to which payments will be mailed.

Signature

Printed Name

Title

Date

THIS SECTION FOR ACCOUNTS PAYABLE ONLY

Vendor #	Entered by:	Uploaded by:	Date:
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