

ATTACHMENT E

STATE OF COLORADO



Vendor Mailing Address Update:

Vendor Name: _____

Vendor DBA: _____

Vendor FEIN: _____

Order Address:

Remit to Address:

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Please return this form with the updated W-9 to:

**Department of Personnel & Administration
State Purchasing Office
633 17th Street, Suite 1520
Denver, CO 80202-3609**