

COMPTROLLER OF MARYLAND
R*STARS VENDOR INFORMATION
CHANGE REQUEST FORM

VENDOR NO (MAIL CODE): _____

VENDOR NAME OLD: _____

NEW: _____

VENDOR ADDRESS OLD: _____

NEW: _____

OTHER CHANGES: _____

REASON FOR CHANGE: _____

AGENCY VENDOR COORDINATOR: _____

AGENCY: _____

TELEPHONE NO: _____

NOTE: SUPPORTING DOCUMENTATION MUST BE ATTACHED.

Fax to : 410-974-2309