

STATE OF MISSOURI
Vendor Non-Acceptance Form

Agency/Division Name: _____

Cardholder Name: _____

Date: _____

Vendor Information:

State Vendor #: _____ (If Known)

Vendor Name: _____

Address: _____

City

State

Zip

Phone: () _____

Would you use this vendor routinely if they DID accept the Purchasing Card?

Yes

No

What is the value of the order you WOULD have placed? _____

Comments: _____

Instructions: Cardholders who encounter vendors who will not accept the State of Missouri Purchasing Card should fill out the information requested above and fax the completed form to: UMB 816-843-2485 or email it to commercial.bankcards@umb.com.