

**VENDOR INFORMATION FORM**

**NEW \_\_\_ -CHANGE- \_\_\_ VENDOR # \_\_\_\_\_**

Select one of the above

**Remittance Name** \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax: \_\_\_\_\_ Contact \_\_\_\_\_

Email \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_ - \_\_\_\_\_ Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Checks \_\_\_\_\_

Name on Checks Required

**Display Purchase Order Information**

**Vendor Name** \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Web Address \_\_\_\_\_

**Display Vendor Bid Information**

**Vendor Name** \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Email address \_\_\_\_\_ Web Address \_\_\_\_\_

**▶▶ NOTE: ALL ABOVE SECTIONS MUST COMPLETE AND INCLUDE A W-9 FORM, COPY ATTACHED**

NOTE: COMPLETION INSTRUCTIONS: Clear copies, incomplete forms **will not be accepted**. Please complete these forms and return by either Mail, Fax or Email to address as instructed by the requesting individual: Attention \_\_\_\_\_

**VENDOR AUTHORIZED SIGNATURE MUST have signature!**

**Vendor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Vendor:** *Describe what type of services you provide below.*

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***FOR CITY STAFF USE ONLY: Must be completed by City Staff only!***  
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Please use the H.T.E or the City's intranet to get the commodities and sub-commodities write the number below that pertains to this vendor submit this with your vendor form. Incomplete forms will be forwarded to the appropriate departments. Thank you, Purchasing Division.

<b>Commodity</b>		<b>Sub-Commodity</b>
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

**Must be completed by the Department:**

Requested by \_\_\_\_\_

Dept/Division \_\_\_\_\_ Date: \_\_\_\_\_