

New Vendor Number Request

W-9 Form must be signed and attached.

NOTE: Incomplete forms will be returned to requestor.

Vendor Information						Date:					
Full Name						DBA Name (Doing Business Under Assumed Name)					
Corporate Address						Mailing Address					
City		State		Zip		City		State		Zip	
Tax Identification Number (TIN)						Social Security Number (If no TIN)					
Corporation		Partnership		Individual/Sole Proprietorship		Other (i.e. Government)					
Corporate Office Phone Number				Accounts Payable Phone Number				AP Contact Name			
Accounts Payable Email Address				Corporate Email Address				Website Address			
Is Vendor exempt from Backup Withholding?			Yes		No		Note: Inquire with Vendor				
Vendor Number and Purchase Order Information											
Permanent Number			City Employee Number								
Provides a Service			Provides Goods			Check both if Vendor Provides Goods & Services					
Purchase Order			Accounts Payable, No Purchase Order*								
Medical Services		Yes		No		Attorney		Yes		No	
Will the City be Paying Rent to this company?				Yes		No					
*Accounts Payable are for checks that are direct pay, refunds, reimbursement and employee reimbursements											
Minority and Female Owned Business (at least 51% ownership)											
Minority Owned Business											
Is Vendor a 51% Minority Owned Business?				Yes		No					
Please check each that applies											
African-American			Native-American (American Indian, Eskimo, Aleut, Native Hawaiian)								
Hispanic-American			Asian-Indian (India, Pakistan, Bangladesh)								
Asian-Pacific											
Disabled-Owned											
Female Owned, Operated and Controlled											
Female Owned											
Requestor Information											
W-9 Form Requested and Attached?			Yes		No						
Reason why not requested or attached											
Name of Requester											
Department											