



NEW VENDOR INFORMATION SHEET

Date: _____ Prepared By: _____
Name: _____
DBA: _____
Mailing Address: _____
City: _____ State/Zip: _____ Phone: _____
Federal ID# or SS#: _____ Fax: _____
Contact Person: _____ Title: _____
Terms: _____
Type of Business: _____
Copy of W-9: _____ Copy Of Occupational License (if any): _____

References:

Name: _____ Address: _____
City: _____ State: _____ Phone : _____
Name: _____ Address: _____
City: _____ State: _____ Phone : _____

Please check one:

Corporation _____ Partnership _____ Sole Proprietorship _____ Individual _____

City Clerk Use:

Vendor Number: _____

Date Received: _____