VENDOR INFORMATION

*VENDOR NAME_____

*TYPE:
- ☐ ATTORNEY
- ☐ COMPUTER SALES
- ☐ CITY EMPLOYEE
- ☐ JUROR
- ☐ LAND ACQUISITION
- ☐ PRINTER
- ☐ REGULAR
- ☐ REIMBURSEMENT
- ☐ RISK MANAGEMENT

*1ST VENDOR CONTACT NAME _____

2ND VENDOR CONTACT NAME _____

*CONTACT TITLE_____ _____
EX. – SALES REP., ACCOUNT MANAGER, OWNER, ETC.

*PHONE_____ _____

*FAX_____ _____

*EMAIL ADD_____ _____

*REMIT TO ADDRESS_____
Street City State Zip

*MINORITY (MBE) YES_____ NO_____

*STATE CONTRACT YES_____ NO_____

*VENDOR WEBSITE _____

***ELECTRONIC PAYMENTS – PLEASE FAX OR MAIL EFT/ACH INFORMATION, IF APPLICABLE, WHEN SUBMITTING INFO SHEET AND W-9.**

***REQUESTING CITY DEPT_____**
*REQUESTING CITY EMPLOYEE_____

ALL OF THE ABOVE INFORMATION IDENTIFIED WITH AN ASTERISK (*) IS NECESSARY**, IF APPLICABLE,** AND SHOULD BE COMPLETED AND SUBMITTED ALONG WITH THE VENDOR W-9, BEFORE A VENDOR NUMBER WILL BE ISSUED. PLEASE BE SURE TO PRINT LEGIBLY. THANK YOU.

RETURN TO: SHARON WALTERS, C/O PURCHASING
P.O. BOX 2100, ANDERSON, IN 46018

FAX: 765-648-5928
EMAIL: swalters@cityofanderson.com