**VENDOR REGISTRATION FORM**

**YOUR LOGO**

**Company Name**
Address Line 1
Address Line 2
Phone | Fax
email

**VENDOR REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| INTERNAL USE ONLY | **VENDOR ID** | **DATE** |
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| **TRADE CATEGORY** |
| Define the type of contractor work your company performs. If you are a vendor, please describe what you supply. |
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| **COMPANY NAME** |
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| **CONTACT** |
| **NAME** | **TITLE** |
|  |  |
| **ADDRESS** |
|  |
| **PHONE** | **EMAIL** |
|  |  |
| **FAX** | **WEBSITE** |
|  |  |

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| **SCOPE OF WORK** |
| Please provide additional details regarding the offerings of your organization. |
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| **ORGANIZATION** |
| NUMBER OF YEARS IN BUSINESS |  |
| CLASSIFICATION / CERTIFICATION |  |
| ORGANIZATION TYPE |  |
| UNION AFFILIATIONS |  |
| TAXPAYER ID NUMBER | **FEDERAL TAX ID NUMBER** | **– OR ­– SOCIAL SECURITY NUMBER** |
|  |  |
| Please list the cities and/or states that your company performs work in. |  |

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| **AUTHORIZATION FOR DIRECT DEPOSIT OF SUPPLIER PAYMENTS** |
| NAME OF BANK / CREDIT UNION |  |
| BANK / CREDIT UNION ROUTING NUMBER |  |
| CHECKING ACCOUNT NUMBER \* |  |

\*Savings account numbers may not be used.

I hereby authorize:

1) [ENTER COMPANY NAME] to deposit my supplier invoice payment via electronic funds transfer.

2) my financial institution to credit this amount to my account.

In the event that the exercise of this authorization (for any reason) results in an overpayment for supplier invoices actually due and payable to me, I hereby authorize the payer to either: A) debit my above-identified account for an amount not to exceed said overpayment; or B) withhold a sum equal to the overpayment from the next disbursement of my supplier invoice payment.

**CERTIFICATION**

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.