



City of Lawrence

VENDOR MASTER INFORMATION FORM

****Note: Please fill out this form completely. Incomplete forms will be returned for corrections.****

I. GENERAL INFORMATION

COMPANY NAME as shown on Invoices: _____

DBA (if different from Company Name): _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____ - _____ COUNTRY: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____ E-BUILDER VENDOR: Yes _____ No _____

EMAIL ADDRESS: _____

WEBSITE: _____

<p>Please complete if applicable:</p> <p>DUNS# _____</p> <p>WOMEN OWNED BUSINESS ENTERPRISE:</p> <p>YES _____ NO _____</p> <p>MINORITY OWNED BUSINESS ENTERPRISE:</p> <p>YES _____ NO _____</p>

<p>Preferred Purchasing Delivery Method: Mark below how you would like us to communicate with you regarding Purchasing and/or AP Items:</p> <p>_____ Mail _____ Fax _____ E-Mail</p> <p>Fax: _____</p> <p>Email: _____</p>
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II. REMITTANCE INFORMATION

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE _____ - _____ COUNTRY: _____

III. PRIMARY 1099 CONTACT INFORMATION

_____ W-9 Address _____ Same as Section I _____ Same as Section II

IV. GENERAL VENDOR CONTACTS

	ACCOUNTS RECEIVABLE	SALES DEPARTMENT
CONTACT NAME		
CONTACT PHONE		
CONTACT EMAIL		

Primary Products or Services Provided: _____

**DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY CITY OF LAWRENCE EMPLOYEE REQUESTING NEW VENDOR**

V. DEPARTMENT CHECKLIST

BEFORE sending your response to Finance, please verify that you have:

___ attached a **completed and signed** Form W-9 Request for Taxpayer Identification Number and Certification (please use the most updated version from the IRS.gov site)

___ completed and attached this Vendor Master Information Form

Email to cityaccounting@lawrenceks.org

Note: Please fill out this form completely. Incomplete forms will be returned for corrections.

I, the undersigned person, am requesting this vendor be added to the City's Vendor Master List. I have verified the accuracy of the information presented.

Requestor's Name (Printed)

Requestor's Signature

Date

Department

Phone Number