



VENDOR ENTRY FORM

Add Vendor

Change Vendor Info

Delete Vendor

Business Name:	
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1099 INFORMATION

Incorporated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Federal Tax ID:		-											
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If "NO" Check One:	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER:
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If "NO" Enter your Social Security Number:				-											
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IRS Reporting Name*:	
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**If this is not the name listed on contracts with the city, please attach a detailed explanation.*

Address:	
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City:	State:	Zip:	
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Phone:	()	Ext.	Fax:	()	
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Website Address:	
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Email Address:	
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ORDERING ADDRESS INFORMATION

Check each that applies*:	
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Address:	
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City:	State:	Zip:	
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Phone:	()	Ext.	Fax:	()	
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Contact:	Title:	
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Email Address:	
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**Please attach additional pages if you have more than one ordering/other location.*

REMITTING ADDRESS INFORMATION

Address:			
City:		State:	Zip:
Phone:	()	Ext.:	Fax: ()
Contact:			
Payment Name*:			

**If payment name is different from business name, please attach a detailed explanation.*

BANK INFORMATION

IF YOU ARE CURRENTLY RECEIVING PAYMENTS VIA EFT, PLEASE COMPLETE THIS SECTION TO VERIFY OUR INFORMATION

Bank Name:		Account #:	
Bank Contact:		ABA/Routing #:	
Phone:	()		

Other questions or issues concerning this form may be addressed to:

TO BE COMPLETED BY THE CITY OF CLEVELAND PLEASE DO NOT WRITE IN THIS SECTION

Business Classification:	Female Business Enterprise <input type="checkbox"/> YES <input type="checkbox"/> NO	Minority Business Enterprise <input type="checkbox"/> YES <input type="checkbox"/> NO	
City of Cleveland Certification Number:			
FOB Point:		Payment Terms:	
Discount Payment Terms:		Order Minimum:	
Are Price Breaks Available?		Line Minimum:	
Standard Lead Time:			
Standard Shipping Method:			
Price Catalogue on disk/CD:			

Approved by Commissioner of Accounts _____

Date _____