

**CITY – COUNTY PURCHASING DEPARTMENT**

RM. 323 CIVIC CENTER COMPLEX  
1 N.W. MARTIN LUTHER KING JR. BLVD.  
EVANSVILLE, INDIANA 47708-1833  
PHONE: (812) 436-4958  
FAX: (812) 435-6124

According to federal tax law, we (as payor) are required to obtain Taxpayer Identification Numbers (TIN) of all individuals and businesses to whom reportable payments are made. If you (as payee) do not provide us with this information, your may be fined under the Internal Revenue Code and future payments to you may be subject to backup withholding under Internal Revenue Code. You may have given us this information over the phone, however, we need to maintain permanent documentation of this information.

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**VENDOR INFORMATION**

Full Company Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Address  
(Where to send payment)

Purchase Order Address  
(where to send purchase order)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_ (Name & Title)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TAX STATUS**

Corporate or Exempt Entity

Name of Corporation:
Employer ID #:

Sole Proprietor

Owner's Name:
Business or Trade Name
Tax ID #: _____
Social Security #: _____

Individual

Individual's Name:
Social Security #:

Partnership

Name of Partnership:
Partnership Emp. ID#:

If you are EXEMPT from 1099 reporting, check the qualifying exemption:

<input type="checkbox"/> Corporation	<input type="checkbox"/> U.S. Government agency or municipality
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Exempt from tax under 501(a) or IRA
<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Foreign Government or Company
<input type="checkbox"/> Other (please explain) _____	

Is your business certified as a Disadvantaged Business Enterprise?  Yes  No

Is your business certified as a Minority Business Enterprise?  Yes  No

If so, please indicate ethnic origin \_\_\_\_\_

Is your business certified as a Women Business Enterprise?  Yes  No

Name and address of agency that provided your MBE or WBE certification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date certified: \_\_\_\_\_ Date certification expires: \_\_\_\_\_

Payment Terms: Please identify the payment terms including discounts for payments made within the allowed time.

Net \_\_\_\_\_ days % Discount \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Title