



P.O. Box 549  
301 Charles W. Meeks Ave.  
Troy, Alabama 36081  
(334) 566.0177

# VENDOR SET UP FORM

NEW  CHANGE

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION AND COMPLETE ALL PAGES IN PACKET**

## Vendor Information – **W-9 REQUIRED**

**\*MUST BE COMPLETED BY VENDOR**

Vendor Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Corporation                       Partnership                       Limited Liability  
 Individual/Sole Proprietor       Government Entity               Non-Profit/501c3  
 Other (Please Explain) \_\_\_\_\_

Federal Tax ID# or SS# \_\_\_\_\_  TIN/EIN     SSN

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ COT Business License:  Yes  No

(Payment terms will be set as 30 days, unless otherwise noted.)

(Must have a current business license with the City of Troy, if applicable.)

Name used by IRS (if different): \_\_\_\_\_

Who is your point of contact with the City of Troy? \_\_\_\_\_

Type of Purchase: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **FOR INTERNAL USE ONLY**

### Purchase Information

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

