



CITY OF WICHITA
Housing & Community Services
Section 8 Office
 332 N Riverview
 Wichita, KS 67203
 Phone: 316-462-3700
 Fax: 316-337-9103

VENDOR REGISTRATION FORM

- Payment Only Vendor Registration** **New Vendor** **Account Changes**

In order for your company to be added to our database to secure payment on an invoice it is important that this form be filled out and returned.

- Purchasing Vendor Registration**

In order for your company to be solicited for bids and be included on our vendor listing, it is important that this form be filled out and returned. This registration is a two step process.

- (1) Please complete this form by filling out the company information on this page.
- (2) Upon receipt of this completed form, we will send you your secured login information so that you may select the commodity/service items that your company would like to offer the City of Wichita for bidding purposes.

Your prompt attention and reply to this two step process is appreciated. **Your Tax Payer ID # will be matched to the IRS records.** Thank you in advance for your participation.

COMPANY INFORMATION – PLEASE PRINT

Company Name:	Owner's Name: (If Sole Proprietor):
Bid / P.O. Mailing Address (Street/P. O. Box, City, State & Zip):	
Remittance Address (if different than above):	
Federal I.D. (FEIN) #: _____ OR SSN #: _____	
Contractor's License <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____ License #: _____	
Type of Business: <input type="checkbox"/> Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Employee <input type="checkbox"/> Federal Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Self	
Minority Owned Business (MBE) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please check the appropriate box. <input type="checkbox"/> (A) Asian <input type="checkbox"/> (AA) African American <input type="checkbox"/> (AKA) Alaskan American <input type="checkbox"/> (HI) Hispanic <input type="checkbox"/> (NA) Native American <input type="checkbox"/> (PI) Pacific Islander <input type="checkbox"/> (WO) Women Owned <input type="checkbox"/> (VB) Veteran Owned	
Contact Name: _____ Phone #: () _____ Fax#: () _____	
Email address: _____ By providing us with your landline or cell phone number(s), you give express authorization to contact you at those numbers. This express authorization also applies to any landline or cell phone number(s) you may acquire in the future. Phone calls to you may be made utilizing automated dialer technology	
I hereby certify that the information supplied herein is true and correct, that I am not subject to backup withholding and that I am a US Citizen or US resident alien.	
_____ Signature of person filling out this form	_____ Date
FOR CITY OF WICHITA USE ONLY	
This form has been issued by City of Wichita Staff:	NAME: _____
DEPARTMENT: _____	PHONE: _____

R(9/23/08)