



**CITY OF WICHITA**  
**Housing & Community Services**  
**Section 8 Office**  
 455 N Main 10<sup>th</sup> floor  
 Wichita, KS 67202  
 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 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		
<b>FOR CITY OF WICHITA USE ONLY</b>			
<b>R(9/23/08)</b>			
This form has been issued by City of Wichita Staff:	NAME: Donna Sanchez	DEPARTMENT: Housing	PHONE: 316-462-3736