



VENDOR REGISTRATION

CITY OF WICHITA
455 N. MAIN; 12TH FLOOR
Wichita, KS 67202

Phone: 316-268-4636 • Fax: 316-268-4656 or 316-219-6308

FOR OFFICE
USE ONLY
VENDOR #

Requested by:

Company Name:			
DBA name:			
Mailing Address (for Purchase Orders)		Remittance Address (for Payment)	
Street		Street	
City		City	
State	Zip	State	Zip
Phone		Phone	
Fax		Fax	
Preferred PO Delivery Method: <input type="checkbox"/> Paper (mail) <input type="checkbox"/> Email to: _____		Preferred Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds Transfer (ACH)	
Sales Contact Person		Accounts Receivable Contact Person	
Name & Title		Name & Title	
Email Address		Email Address	
Phone Number		Phone Number	

TAX IDENTIFICATION NUMBER (TIN)

All USA firms that are established as an individual, self-employed or sole proprietorship must provide either their Social Security Number (SSN) **OR** Federal Employer Identification Number (FEIN). All other businesses, such as corporations, must provide their FEIN.

FEIN

Are you a 1099 vendor?
(One **MUST** be selected.) YES NO

SSN

A completed IRS form W9 **MUST** be included with this registration. Please initial to acknowledge _____

Certification: Under penalties of perjury, I certify that:

1. The payee's TIN is correct
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. Person

Signature of U.S. Person

Printed Name

Date

MINORITY OWNED BUSINESS

If yes, please check the appropriate box:

- (A) Asian (AA) African American (AKA) Alaskan American (HI) Hispanic
 (NA) Native American (PI) Pacific Islander (WO) Women Owned (VB) Veteran Owned

Vendor's Signature

Title

Date