



CITY OF WICHITA
DEPARTMENT OF FINANCE
PURCHASING OFFICE
 City Hall – 12th Floor
 455 N. Main Street
 Wichita, KS 67202
 Phone: 316-268-4636
 Fax: 316-268-4656
<http://ep.wichita.gov>

VENDOR REGISTRATION FORM

PAYMENT ONLY VENDOR REGISTRATION
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)		
Physical Address/Bid & P.O. Address (Street/P.O. Box, State & Zip):			
Payment Address (if different than above)			
Federal I.D. (FEIN)#: _____		OR	SSN: _____
Contract'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: _____			
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			R(3/30/11)
This form has been issued by City of Wichita Staff	NAME: _____	DEPARTMENT: _____	PHONE: _____