

VENDOR INFORMATION FORM

Company Name: _____

Address to mail Purchase _____

Orders/Bids/Quotes: _____

Email Address to email Purchase Order: _____

Phone Number: _____

Fax Number: _____

Address to send payments to: _____

Phone Number: _____

Fax Number: _____

Employer Identification #: _____

Social Security #: _____

Name as Shown On Social Security Card: _____

Are you incorporated? Yes _____ No _____

Are you an exempt Government Agency or Organization? Yes _____ No _____

Do you or any officers/owners/part-owners/stake-holders/employees of this company have any relative(s) (relatives include spouse, children, stepchildren or any to whom you are related by blood or marriage) that are currently employed by the City of Kingsport, Tennessee, including the Kingsport City School System or serve on the Kingsport Board of Mayor and Aldermen or the Kingsport Board of Education? Yes _____ No _____

If you answered yes please state the name and relationship of the employee or member of the Kingsport Board of Mayor and Aldermen or Kingsport Board of Education member

Are you or any officers/owners/part-owners/stake-holders/employees of this company also employees of the City of Kingsport, including the Kingsport City School System or serve on the Kingsport Board of Mayor and Aldermen or Kingsport Board of Education? Yes _____ No _____

If you answered yes please state the name of the employee or board member

Please make sure to check the box on W-9 for Individual/Sole Proprietor, Corporation, Partnership, or Limited Liability Co.

Terms: _____

Does your company accept payment by Credit Card? Yes _____ No _____

List products and/or services your company can provide:

The undersigned hereby declares under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

Contact Person and Title: _____

Phone Number: _____

Signature: _____