



VENDOR ENTRY FORM

☐ Add Vendor

☐ Change Vendor Info

☐ Delete Vendor

Business Name:													
1099 INFORMATION													
Incorporated?	☐ YES ☐ NO		Federal Tax ID:				-						
If "NO" Check One:		☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ OTHER:											
If "NO" Enter your Social Security Number:						-			-				
IRS Reporting Name*:													
<i>*If this is not the name listed on contracts with the city, please attach a detailed explanation.</i>													
Address:													
City:						State:				Zip:			
Phone:		()		Ext.		Fax:		()					
Website Address:													
Email Address:													
ORDERING ADDRESS INFORMATION													
Check each that applies*:													
Address:													
City:						State:				Zip:			
Phone:		()		Ext.		Fax:		()					
Contact:						Title:							
Email Address:													

**Please attach additional pages if you have more than one ordering/other location.*

REMITTING ADDRESS INFORMATION

Address:					
City:		State:		Zip:	
Phone:	()	Ext.		Fax:	()
Contact:					
Payment Name*:					

**If payment name is different from business name, please attach a detailed explanation.*

BANK INFORMATION

IF YOU ARE CURRENTLY RECEIVING PAYMENTS VIA EFT, PLEASE COMPLETE THIS SECTION TO VERIFY OUR INFORMATION

Bank Name:		Account #:	
Bank Contact:		ABA/Routing #:	
Phone:	()		

Other questions or issues concerning this form may be addressed to:

TO BE COMPLETED BY THE CITY OF CLEVELAND PLEASE DO NOT WRITE IN THIS SECTION

Business Classification:	Female Business Enterprise ☐ YES ☐ NO	Minority Business Enterprise ☐ YES ☐ NO	
City of Cleveland Certification Number:			
FOB Point:		Payment Terms:	
Discount Payment Terms:		Order Minimum:	
Are Price Breaks Available?		Line Minimum:	
Standard Lead Time:			
Standard Shipping Method:			
Price Catalogue on disk/CD:			

Approved by Commissioner of Accounts

Date