



VENDOR REGISTRATION FORM

Vendors providing products and/or services to the City of Winchester MUST complete the following information. The form also serves as a substitute IRS W-9 form. *This is NOT a bidder's application.*

Return completed forms to: City of Winchester Phone: 540-667-1815
Attn: Account Clerk Fax: 540-723-0238
1st floor City Hall
15 North Cameron Street
Winchester, VA 22601

VENDOR LEGAL NAME:	SOCIAL SECURITY OR FEDERAL ID NUMBER
VENDOR BUSINESS TYPE:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____	
TAX EXEMPT STATUS:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach documentation.	
LIST PRODUCTS OR SERVICES SUPPLIED TO THE CITY:	
PAYMENT (REMITTANCE) ADDRESS:	
Contact Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	Fax Number: _____
PURCHASE ORDER ADDRESS:	
Contact Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	Fax Number: _____
<input type="checkbox"/> Same as Remittance Address Above	

I certify that the information provided is correct and complete.

SIGNATURE

TITLE

DATE

FOR CITY & SCHOOL USE ONLY:	
VENDOR NUMBER: _____	DATE ENTERED: _____