CITY OF WINCHESTER

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
Attn: Account Clerk
1st floor City Hall
15 North Cameron Street
Winchester, VA 22601

Phone: 540-667-1815
Fax: 540-723-0238

VENDOR LEGAL NAME:	**SOCIAL SECURITY OR FEDERAL ID NUMBER**

VENDOR BUSINESS TYPE:

☐ Individual ☐ Partnership ☐ Corporation ☐ Other (Specify): _____

TAX EXEMPT STATUS:

☐ Yes ☐ 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: _____
☐ 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:** _____