



City of Lawrence

VENDOR MASTER INFORMATION FORM

****Note: Please fill out this form completely. Incomplete forms will be returned for corrections.****

I. GENERAL INFORMATION

COMPANY NAME as shown on Invoices: _____

DBA (if different from Company Name): _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____ - _____ COUNTRY: _____

PHONE NUMBER: _____ EXT: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE: _____

Please complete if applicable:

DUNS# _____

WOMEN OWNED BUSINESS ENTERPRISE:

YES ____ NO ____

MINORITY OWNED BUSINESS ENTERPRISE:

YES ____ NO ____

Preferred Purchasing Delivery Method: Mark below how you would like us to communicate with you regarding Purchasing and/or AP Items:

_____ Mail _____ Fax _____ E-Mail

Fax: _____

Email: _____

II. REMITTANCE INFORMATION

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____ - _____ COUNTRY: _____

III. PRIMARY 1099 CONTACT INFORMATION

_____ W-9 Address _____ Same as Section I _____ Same as Section II

IV. GENERAL VENDOR CONTACTS

	ACCOUNTS RECEIVABLE	SALES DEPARTMENT
CONTACT NAME		
CONTACT PHONE		
CONTACT EMAIL		

Primary Products or Services Provided to the City: _____

**DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY CITY OF LAWRENCE EMPLOYEE REQUESTING NEW VENDOR**

V. DEPARTMENT CHECKLIST

Is this Vendor an E-Builder Vendor? Yes _____ No _____

BEFORE sending your response to Finance, please:

___ attach a **completed and signed** Form W-9 Request for Taxpayer Identification Number and Certification (please use the most updated version from the IRS.gov site). **This form must be signed and dated by the Vendor.**

___ complete and attach this Vendor Master Information Form

Email to cityaccounting@lawrenceks.org

Note: Please fill out this form completely. Incomplete forms will be returned for corrections.

I, the undersigned person, am requesting this vendor be added to the City's Vendor Master List. I have verified the accuracy of the information presented.

Requestor's Name (Printed)

Requestor's Signature

Date

Department

Phone Number