



Vendor Number _____
(for City use)

VENDOR INFORMATION FORM

Complete and return this form with your W-9.

Official Business Name (as listed on tax returns)	
Doing Business As (DBA) Name, if applicable	
Name to be Printed on Check	
Tax Identification Number (EIN or SSN)	
Remittance Address (address where the City will mail payments by check)	<i>Street Address</i>
	<i>City, State, Zip</i>

Contact Name	
Title	
Phone Number	
Email Address	

Email for Bid Opportunities	
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INVOICES

All invoices shall be submitted to invoice@templetx.gov for payment. If your system does not send invoices through email, mail them to City of Temple Purchasing Department, 3210 East Avenue H, Building C, Temple, Texas 76501.

I hereby certify the above information to be true and correct to the best of my knowledge:

Signature

Date

Print Name

Title