CITY OF UNIVERSITY PLACE

Finance and Information Services Division
3715 Bridgeport Way W
University Place, WA 98466
For information call 253.460.2502 or Fax: 253-566-5658 or E-mail Glusink@ci.university-place.wa.us

Accounts Payable Vendor/W-9 Update Form

To add your business to our vendor file, or update information, please complete this form and mail or fax to the information above. Submittal of this information does not guarantee the City will place an order with your business. The approved vendor list will be purged every two years. It is the vendors' responsibility to update this information as it changes.

Business Information (for office use only) VN#_____

Business Name:_____

Contact Name: _____

Billing Remittance Address: _____

Ordering Address (if different): _____

Phone #: ( ) - Fax#: ( ) - E-mail:_____

Person to contact concerning bids and contracts: _____ _____ _____
Name Capacity Phone

Customer References (Municipalities Preferred): _____

_____

Business Type (Please Check One)

Corporation ☐ _____ - - - - - - - - .
Federal ID# (9 digits)

Partnership ☐ _____ - - - - - - - - .
Federal ID # (9 digits)

Government Agency ☐ _____ - - - - - - - - .
Federal ID # (9 digits)

Non-Profit ☐ _____ - - - - - - - - .
Federal ID # (9 digits)

Sole Proprietor ☐ _____ - - - - - - - - .
Federal ID # (9 digits)

What is the official name registered with the I.R.S. for the above number? _____

If you are not a corporation, is your business subject to 1099 reporting? ☐ ***Yes*** ☐ ***No***

Check if applicable: ☐ Minority Owned ☐ Women Owned

State of Washington U.B.I. # _____ - - - .

Will you provide supplies or services to the City of University Place? ☐ **Supplies** ☐ **Services**