Print Form

CITY OF OVIEDO
NEW VENDOR INFORMATION FORM
(TO BE COMPLETED BY THE VENDOR)

Vendor Name as Shown on Income Tax Return: _____

dba (if applicable): _____

Tax Id Number : _____ - _____ **9 digits ***

Social Security Number _____ - _____ - _____ **9 digits ****

Purchase Order Address: _____
_____

Payment Address: _____
_____

Telephone Number: _____ **Fax Number:** _____

E-Mail Address: _____

Order Contact Name: _____

Prepared By: _____ **Extension:** _____

*** Federal Tax ID Number MUST be provided for all Incorporated Businesses.**
**** Social Security Number MUST be provided for all Sole Proprietors or Unincorporated Businesses.**

W-9 FORMS MUST BE SUBMITTED WITH THIS FORM. PAYMENT TO VENDOR WILL NOT BE MADE WITHOUT A W-9 FORM ON FILE.