



**City of Cleveland**  
 Frank G. Jackson, Mayor

## VENDOR ENTRY FORM

Add Vendor

Change Vendor Info

Delete Vendor

<b>Business Name:</b>										
<b>1099 INFORMATION</b>										
<b>Incorporated?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Federal Tax ID:</b>			-				
<b>If "NO" Check One:</b>	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER:									
<b>If "NO" Enter your Social Security Number:</b>						-				
<b>IRS Reporting Name*:</b>										
<i>*If this is not the name listed on contracts with the city, please attach a detailed explanation.</i>										
<b>Address:</b>										
<b>City:</b>					<b>State:</b>		<b>Zip:</b>			
<b>Phone:</b>	( )	<b>Ext.</b>			<b>Fax:</b>	( )				
<b>Website Address:</b>										
<b>Email Address:</b>										
<b>ORDERING ADDRESS INFORMATION</b>										
<b>Check each that applies*:</b>										
<b>Address:</b>										
<b>City:</b>					<b>State:</b>		<b>Zip:</b>			
<b>Phone:</b>	( )	<b>Ext.</b>			<b>Fax:</b>	( )				
<b>Contact:</b>					<b>Title:</b>					
<b>Email Address:</b>										

*\*Please attach additional pages if you have more than one ordering/other location.*

## REMITTING ADDRESS INFORMATION

<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Phone:</b>	(    )	<b>Ext.:</b>		<b>Fax:</b> (    )
<b>Contact:</b>				
<b>Payment Name*:</b>				
<i>*If payment name is different from business name, please attach a detailed explanation.</i>				

## BANK INFORMATION

**IF YOU ARE CURRENTLY RECEIVING PAYMENTS VIA EFT, PLEASE COMPLETE THIS SECTION TO VERIFY OUR INFORMATION**

<b>Bank Name:</b>		<b>Account #:</b>	
<b>Bank Contact:</b>		<b>ABA/Routing #:</b>	
<b>Phone:</b>	(    )		

*Other questions or issues concerning this form may be addressed to:*

## TO BE COMPLETED BY THE CITY OF CLEVELAND PLEASE DO NOT WRITE IN THIS SECTION

<b>Business Classification:</b>	<i>Female Business Enterprise</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Minority Business Enterprise</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>City of Cleveland Certification Number:</b>		
<b>FOB Point:</b>		<b>Payment Terms:</b>
<b>Discount Payment Terms:</b>		<b>Order Minimum:</b>
<b>Are Price Breaks Available?</b>		<b>Line Minimum:</b>
<b>Standard Lead Time:</b>		
<b>Standard Shipping Method:</b>		
<b>Price Catalogue on disk/CD:</b>		

Approved by Commissioner of Accounts \_\_\_\_\_

Date \_\_\_\_\_