



Vendor Application

Submit this: 1) Application and 2) Your Current W-9

Fax Number: 417-831-8377
Attention: Purchasing
Phone: 417-831-8416
E-mail: purchasing@cityutilities.net

Or mail to:
 City Utilities
 Purchasing Department
 PO Box 551
 Springfield MO 65801-0551

FOR MAILING OF INQUIRIES AND ORDERS:

Firm Name: * _____
 Firm Rep/Agent: ** _____
 Street Address: _____
 PO Box: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: _____
 Toll Free: _____ Fax: _____
 E-mail: _____ Web site: _____
 Emergency Contact: _____ Phone: _____

**Firm Name must exactly match the name on your invoice or payment will be delayed.
 **If you are a sales representative, submit an application signed by manufacturer(s) represented.*

<p><i>(Check one)</i></p> <p>Corporation: _____ Attorney: _____ Partnership: _____ Individual/Sole Trader: _____ Foreign Entity: _____ (if Foreign Entity, must submit appropriate W-8) LLC: _____ D (Disregarded Entity) _____ C (Corporation) _____ P (Partnership)</p>	<p><i>(Fill in the appropriate information)</i></p> <p>Federal ID Number _____ - _____ -OR- Social Security Number _____ - _____ - _____</p> <p>Disadvantage Business Enterprise: Yes ___ No ___ Women Business Enterprise: Yes ___ No ___ Minority Business Enterprise: Yes ___ No ___</p> <p>How long have you been in business: Number of Years: _____ Small Business (SBA) Yes ___ No ___ Registered to do Business in the State of Missouri: Yes ___ No ___</p>
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REMIT TO:

Firm Name: * _____
 Street Address: _____
 PO Box: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Toll Free: _____

**NOTE: If REMIT-TO name differs from INQUIRY/ORDER name, attach explanation. City Utilities may require additional authorization for payment.*

Transportation Terms: City Utilities conducts business F.O.B. Springfield, Missouri, Commercial Zone, Prepaid and Allowed.

SHIP VIA (select one)

- Air Freight
- Air Parcel Post
- Best Way
- Bus
- Common Carrier
- Parcel Post
- United Parcel Service
- Company Truck

BILLING TERMS (select one)

- Net 30
- Net 10
- Net ROI
- Net 15
- Prepay
- 1% 10
- 1% 10th
- 2% 10
- Other _____

COMPANY TYPE (select one)

- Broker
 - Contractor-Construction
 - Contractor-Services
 - Distributor
 - Manufacturer
 - Sales Representative
 - Wholesaler
 - Other _____
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SHIP FROM INFORMATION: (if different than Inquiry/Order Address)

Firm Name: * _____

Street Address: _____

PO Box: _____ City: _____ State: ___ Zip: _____

Phone: _____ Toll Free: _____

RETURN TO INFORMATION: (if different than Inquiry/Order Address)

Firm Name: * _____

Street Address: _____

PO Box: _____ City: _____ State: ___ Zip: _____

Phone: _____ Toll Free: _____

List related companies and their relationships (i.e. parent, subsidiaries, sales representatives, manufacturers, etc.):

List products and/or services that the company provides:

Please provide line cards, commodity lists or other information to help us to better serve our customers.

As applicant or authorized agent, I hereby state that the information contained herein is true and correct to the best of my knowledge.

Submitted by: _____

Print Name: _____

Title: _____

Date: _____ (Note: W9 must be submitted with this application)

City Utilities reserves the right to issue orders to only those vendors who have a properly completed and approved application on file at City Utilities. Additional information may be needed prior to an award. City Utilities of Springfield, Missouri looks forward to establishing a successful relationship with you and thanks you for the information.