



# Vendor Application

**Print and fax this application and current W-9 to:**

**Fax Number:** 417-831-8377  
**Attention:** Purchasing  
**Phone:** 417-831-8416  
**E-mail:** Gloria.Stubblefield@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.*

*(Check one)*

*(Fill in the appropriate information)*

Corporation: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Partnership: \_\_\_\_\_  
 Individual/Sole Trader: \_\_\_\_\_  
 Foreign Entity: \_\_\_\_\_ (if Foreign Entity, must submit appropriate W-8)  
 LLC: \_\_\_\_\_ D (Disregarded Entity)  
       \_\_\_\_\_ C (Corporation)  
       \_\_\_\_\_ P (Partnership)

Federal ID Number \_\_\_\_\_ - \_\_\_\_\_  
 -OR-  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been in business: Number of Years: \_\_\_\_\_  
 Registered to do Business in the State of Missouri: Yes \_\_\_ No \_\_\_  
 Disadvantaged Business Enterprise: Yes \_\_\_ No \_\_\_ and/or Women Business Enterprise: Yes \_\_\_ No \_\_\_

**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.

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**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% 10<sup>th</sup>
- 2% 10
- Other \_\_\_\_\_

**COMPANY TYPE** (select one)

- Broker
  - Contractor-Construction
  - Contractor-Services
  - Distributor
  - Manufacturer
  - Sales Representative
  - Wholesaler
  - Other \_\_\_\_\_
- 

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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.