



Vendor Application

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

Or mail to:

(using IRS W-9 form dated October 2018)

Fax Number: 417-831-8377
Attention: Purchasing
Phone: 417-831-8363
E-mail: purchasing@cityutilities.net

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: _____

Federal ID Number ____ - _____

Attorney: _____

-OR-

Partnership: _____

Social Security Number ____ - ____ - _____

Individual/Sole Trader: _____

Foreign Entity: _____ (if Foreign Entity, must submit appropriate W-8)

LLC: _____ D (Disregarded Entity)

Disadvantage Business Enterprise: Yes ___ No ___

_____ C (Corporation)

Women Business Enterprise: Yes ___ No ___

_____ P (Partnership)

Minority Business Enterprise: Yes ___ No ___

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 ___

Company's Annual Gross Receipts (check one)

_____ less than \$500,000 _____ \$500,000 to \$1,000,000 _____ \$1,000,000 to \$2,000,000
_____ \$2,000,000 to \$5,000,000 _____ \$5,000,000 to \$10,000,000 _____ more than \$10,000,000

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 15
- Net 10
- Net ROI
- Prepay
- 1% 10
- 1% 10th
- 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: _____

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

List products and/or services your 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.