

Vendor Information Form

VENDOR/PAYEE NAME

Vendor Name:

Date:

Name on Checks (if different):

ADDRESS INFORMATION

Address:

Address:

City, State:

Zip Code:

* Dun's #

REMIT TO ADDRESS (if different from mailing address)

Address:

Address:

City, State:

Zip Code:

CONTACT INFORMATION

Contact Name:

Phone:

Email:

Fax:

PREFERRED PAYMENT METHOD

Please check one:

Check

ACH Electronic Payment

If choosing ACH electronic payment please complete the Electronic Funds Transfer Authorization form.

PLEASE NOTE: PRE-NOTIFICATION TO YOUR BANK TAKES PLACE ON THE CYCLE FOLLOWING THE APPLICATION PROCESSING. FUTURE PAYMENTS ARE RECEIVED VIA EFT AFTER PRE-NOTIFICATION.

SIGNATURE INFORMATION

The information provided on this vendor information form is true and correct.

Authorized Vendor Signature:

Return this form and completed W-9 tax form to the Purchasing Department by email at apeterson@lakejacksontx.gov. If you have any questions, you may contact Amie Peterson at 979-415-2420.

THIS SECTION COMPLETED BY PURCHASING DEPARTMENT

Approved by:

System Assigned Vendor Code:

Date Entered