VENDOR SELF SERVICE
Registration Worksheet

VSS STEP 1

Company Name and Type
Always Choose "Verify Location by Taxpayer ID#"

If Your Taxpayer ID # is a Social Security # your Organization Type must be "Individual" then choose the applicable Classification	If Your Taxpayer ID # is an EIN # your Organization Type must be "Company" then choose the applicable Classification
☐ Individual ☐ Sole Proprietorship	☐ Partnership ☐ Corporation
First Name: _____	☐ Trust ☐ Limited Liability
Middle Initial: _____	☐ Other
Last Name: _____	
DBA:	Company Name:

All Organization Types & Classifications

Website Address: _____

Location Name: _____

(if your organization has multiple locations use format of XYZ Co 1 or XYZ Co 2, etc)

Discount Info (% & Days): _____

VSS STEP 2

VSS Security

User ID: _____   Password: _____

Security Question: _____   Security Answer: _____

Account Administrator

Name: _____   Email Address: _____

Phone/Extension: _____   Fax: _____

VSS STEP 3

W-9 Information
NOTE: You must enclose a signed W-9 FORM with your application. This application cannot be processed without a signed W-9 Form.

Taxpayer ID # (choose one):

EIN ☐☐ - ☐☐☐☐☐☐☐   SSN/TIN ☐☐☐ - ☐☐ - ☐☐☐☐

Legal Name on W-9: _____

Make sure that this field matches the name to which the SSN or EIN entered above is issued.

Business Name: _____

If you entered a DBA in Step 1, re-enter that DBA Name again here.

VSS STEP 4

Account Administrator
Enter the physical business address of the person designated as Account Administrator in Step 2

Street Address 1: _____   City: _____

Street Address 2: _____   State/Zip: _____

VSS STEP 5

Ordering Address
Where should Purchase Orders be mailed to?

Use the check box or enter additional information

☐ Same Address as Account Administrator *(Step 4)*

Contact Name: _____   Email Address: _____

Phone/Extension: _____   Fax: _____

Street Address 1: _____   City: _____

Street Address 2: _____   State/Zip: _____

Payment Address
Where should Payments be sent to?

Use a check box or enter additional information

☐ Same Address as Account Administrator *(Step 4)*   ☐ Same Address as Ordering Address *(Step 5)*

Contact Name: _____   Email Address: _____

Phone/Extension: _____   Fax: _____

Street Address 1: _____   City: _____

Street Address 2: _____   State/Zip: _____

EFT Information (Optional/If Applicable)

Bank Name: _____   ☐ Checking   ☐ Savings

ABA #: _____   Routing #: _____   Account #: _____

VSS STEP 6

Billing Address (Optional/If Applicable)
Where should Invoices be mailed to?

Use a check box or enter additional information

☐ Same Address as Account Administrator *(Step 4)*   ☐ Same Address as Ordering Address *(Step 5)*   ☐ Same Address as Payment Address *(Step 6)*

Contact Name: _____   Email Address: _____

Phone/Extension: _____   Fax: _____

Street Address 1: _____   City: _____

Street Address 2: _____   State/Zip: _____

VSS STEP 7

Commodity Codes
Enter as many codes as applicable to describe your organization's goods and/or services

Commodity Description	NIGP Code	Commodity Description	NIGP Code

VSS STEP 8

For Internal Use Only

☐ Add Vendor   ☐ Modify Vendor   ☐ Delete Vendor

VSS Vendor #: _____

Submitted by: _____   Date: _____

Department: _____   Phone Number: _____

Approved by: _____   Date: _____

For Internal Use Only