City of Cleveland
Frank G. Jackson, Mayor

VENDOR ENTRY FORM

❑Add Vendor ❑Change Vendor Info ❑Delete Vendor

Business Name:			
1099 INFORMATION			
Incorporated?	❑YES ❑NO	***Federal Tax ID:***	-
If "NO" Check One:	❑SOLE PROPRIETORSHIP ❑PARTNERSHIP ❑OTHER:		
If "NO" Enter your Social Security Number:	- -		
IRS Reporting Name*:			
****If this is not the name listed on contracts with the city, please attach a detailed explanation.***			
Address:			
City:		***State:*** / ***Zip:***	
Phone:	( ) ***Ext.***	***Fax:***	( )
Website Address:			
Email Address:			
ORDERING ADDRESS INFORMATION			
Check each that applies*:			
Address:			
City:		***State:*** / ***Zip:***	
Phone:	( ) ***Ext.***	***Fax:***	( )
Contact:		***Title:***	
Email Address:			

****Please attach additional pages if you have more than one ordering/other location.***

REMITTING ADDRESS INFORMATION

Address:					
City:		*State:*		*Zip:*	
Phone:	( ) *Ext.*	*Fax:*	( )		
Contact:					
Payment Name:*					

**If payment name is different from business name, please attach a detailed explanation.*

BANK INFORMATION

IF YOU ARE CURRENTLY RECEIVING PAYMENTS VIA EFT, PLEASE COMPLETE THIS SECTION TO VERIFY OUR INFORMATION

Bank Name:		*Account #:*	
Bank Contact:		*ABA/Routining #:*	
Phone:	( )		

Other questions or issues concerning this form may be addressed to:

TO BE COMPLETED BY THE CITY OF CLEVELAND PLEASE DO NOT WRITE IN THIS SECTION

Business Classification:	*Female Business Enterprise* ❑YES ❑NO	*Minority Business Enterprise* ❑YES ❑NO	
City of Cleveland Certification Number:			
FOB Point:		*Payment Terms:*	
Discount Payment Terms:		*Order Minimum:*	
Are Price Breaks Available?		*Line Minimum:*	
Standard Lead Time:			
Standard Shipping Method:			
Price Catalogue on disk/CD:			

Approved by Commissioner of Accounts **Date**