CITY OF ALAMOSA

Municipal Offices
425 Fourth Street
(719) 589-2593

Mailing Address
P.O. Box 419
Alamosa, CO 81101

Finance Department

August 22, 2007

CITY VENDOR REGISTRATION

NAME OF BUSINESS:_____

_____

DESCRIPTION OF BUSINESS/SERVICE(S) TO BE PROVIDED TO THE CITY:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

REMITTANCE ADDRESS (Address where correspondence will be received):

_____

_____

_____

_____

SHIPPING ADDRESS: (If different from remittance address):

_____

_____

_____

_____

POINT OF CONTACT PERSON (Full Name):_____

_____

TAXPAYER ID # (OR FEDERAL EMPLOYMENT IDENTIFICATION NUMBER):_____

STATE ID#_____STATE: _____

MINORITY BUSINESS Yes____ No____
TYPE/CLASSIFICATION: _____

_____

1099: Yes____ No____

VENDOR CLASS:
1099 VENDOR _____
CITY FUND:_____

EMAIL ADDRESS:

_____

PAYMENT METHOD:
REGULAR CHECK__ EFT:_____

IF PAYMENT METHOD ABOVE IS EFT PLEASE COMPLETE A ELECTRONIC PAYMENT AUTHORIZATION FORM, AND ATTACH IT TO THIS REGISTRATION FORM.

Please attach to this form a completed and signed IRS FORM W-9.