



Vendor Number \_\_\_\_\_  
(for City use)

## VENDOR INFORMATION FORM

Complete and return this form with your W-9.

<b>Business Name</b>	
<b>Doing Business As (DBA) Name, if applicable</b>	
<b>Tax Identification Number</b> (EIN or SSN)	
<b>Remittance Address</b> (address where the City will mail payments by check)	<i>Street Address</i>
	<i>City, State, Zip</i>

<b>Contact Name</b>	
<b>Title</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

<b>Email for Bid Opportunities</b>	
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### INVOICES

All invoices shall be submitted to [invoice@templetx.gov](mailto:invoice@templetx.gov) for payment. If your system does not send invoices through email, mail them to City of Temple Purchasing Department, 3210 East Avenue H, Building C, Temple, Texas 76501.

I hereby certify the above information to be true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title