



(Internal use only)	
Incode Vendor ID: _____	Entered by: _____
Helpdesk Ticket #: _____	Date: _____

VENDOR REGISTRATION FORM

Please print legibly or type this information. Form must be completed and signed by authorized individual.

If you are a single member LLC classified as a Disregarded Entity on your W-9, you MUST provide the owner's SSN or EIN, not the LLC's EIN (see IRS pub 3402).

NEW DOMESTIC VENDOR - Attach the most current IRS W-9 form, along with this form; both MUST be filled out in their entirety.

NEW FOREIGN ENTITY - Attach the most current, appropriate, IRS W-8 form, along with this form; both MUST be filled out in their entirety

Please provide the City Department or Employee you are working with:

_____	City Department	_____	City Employee
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UPDATE EXISTING VENDOR - Attach the most current IRS W-9/W-8 form, along with this form; both MUST be filled out in their entirety.

Select all types of applicable update(s):

Address Name Tax ID Contact Information ACH/EFT Other: _____

SDBE Program: Please select all applicable vendor characteristics:

Disadvantaged Business Enterprise DUNS Number - _____
 Small Business - as defined by the U.S. Small Business Administration
 Women-Owned Business - % women owned / controlled _____%
 Minority-Owned Business - % Minority owned / controlled _____%
 Ethnicity(ies) _____

If you checked any of the above boxes, please provide a brief description of your business: _____

If you checked any of the above boxes, do you wish to receive notifications of upcoming contract opportunities? _____

Do you consent to receive Forms 1099 by email?

Do you wish to receive payments by electronic funds transfer?

Check here if same as PO address

PURCHASE ORDER ADDRESS		
BUSINESS NAME _____		
ADDRESS 1 _____		
ADDRESS 2 _____		
CITY _____	STATE _____	ZIP CODE _____
CONTACT PERSON _____		
EMAIL ADDRESS _____		
TELEPHONE NUMBER _____		

PAYMENT REMITTANCE ADDRESS		
BUSINESS NAME _____		
ADDRESS 1 _____		
ADDRESS 2 _____		
CITY _____	STATE _____	ZIP CODE _____
CONTACT PERSON _____		
EMAIL ADDRESS _____		
TELEPHONE NUMBER _____		

Any vendor who accepts payment confirms the following: the invoice is true and correct; the work, service or materials as shown by the invoice or claim have been completed or supplied in accordance with the plans, specifications, orders or requests furnished the vendor; and the vendor has made no payment, directly or indirectly, to any elected official, officer or employee of this City, of money or any other thing of value to obtain payment.

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by a public agency for bidding or furnishing materials, supplies or services, to any other public agency thereof.

Return to Procurement Services:
vendorregistration@heathtx.com
 200 Laurence Drive
 Heath, Texas 75032
 Ph (972) 771-6228 Fax (972) 961-4932

Signature of Person Authorized to Sign Date Signed

Print Name Title