



**CITY OF FARMINGTON**  
 110 W Columbia St.  
 Farmington, MO 63640

**TO BE COMPLETED BY CITY OF FARMINGTON  
 DEPARTMENT REQUESTING NEW VENDOR**

Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**VENDOR AUTHORIZATION/CHANGE FORM**

Use this form for City of Farmington vendors that do not qualify as single payment vendors. A vendor signed W-9, vendor name, tax ID, type of business, type of purchase/payment, PO address and requestor information are required for all new vendor set-ups.

NEW     CHANGE – VENDOR # \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Vendor Information**

Vendor Name \_\_\_\_\_

Name used by IRS (if different from above) \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_     TIN/EIN     ITIN     SSN     No SSN/TIN

Date Business/Organization Started \_\_\_\_\_

Type of Business     Corporation     Partnership     Limited Liability Company     Government Entity  
 Non-Profit/501c     Individual/Sole Proprietor

Project Information \_\_\_\_\_

Type of Purchase     Inventoried Goods     Office Supplies     Utilities     Small Tools/Equipment  
 Services     Professional     Other \_\_\_\_\_

**Master Information**

**Remittance Information**

Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Reference \_\_\_\_\_  
 Web-Site \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Cell Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**For City of Farmington Finance Department Use Only**

Vendor Information Confirmed By _____	Date _____
New Vendor Acknowledged By _____	Date _____
Vendor Set-Up Completed By _____	Date _____