



City of Bridgeport
Request for Vendor
Identification Numbers and Certification

<input type="checkbox"/> <u>Add New Vendor</u>
<input type="checkbox"/> <u>Update Existing Vendor</u>
INTERNAL USE ONLY

Please Print and Complete Form in Full-**MANDATORY*****

BUSINESS NAME: _____
(As shown on your Federal Tax Return)

ALTERNATE NAME, IF APPLICABLE (Doing Business As): _____

Note: When more than one name is listed, the name registered under the EIN or SSN will be the first name listed.

TAX ID # (EIN OR SOCIAL SECURITY): _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT PERSON: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

WEBSITE (If any): _____

E-MAIL ADDRESS (For Email Purchasing Order): _____

REMIT PAYMENT
(If different from above)

ATTENTION NAME: _____

MAILING ADDRESS: _____

PO BOX (if any)

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL 1: _____

EMAIL 2: _____

VENDOR TYPE: GOODS SERVICES EMPLOYEE RENTAL NON-EMPLOYEE

Goods/Services to be Provided by Vendor: _____

Check Appropriate Box: Individual/Sole Proprietor or
 Single Member LLC C Corporation Partnership Trust/Estate
 Limited Liability Company, enter the tax classification, S=S corporation, P=partnership
 Tax Exempt Organizations Federal/State/Local Tax Exempt

Note: For s single-member LLC that is disregarded, do not check LLC: check the appropriate box in the line above for the tax classification of the single-member owner.

Certified as (if applicable) Woman Owned African American Owned Hispanic Owned
Check appropriate box:
 Asian/Pacific Native Indian/
Islander Owned Alaskan Owned Disabled Owned

PRINT NAME: _____

SIGNATURE OF US. PERSON: _____ **DATE:** _____
(of owner or officer by a U.S. Person)