

City of Cache Vendor Application

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

EIN Number \_\_\_\_\_

Type of Vendor:

- 1. Subcontractor
- 2. Employee
- 3. Corporation
- 4. Misc. Vendor

Vendor Class: \_\_\_\_\_

(What type of work, service or supplies do they provide)

Vendor Payment Terms: \_\_\_\_\_

Phone # \_\_\_\_\_

Fax# \_\_\_\_\_

Remit to Address: \_\_\_\_\_ Street Address (or P.O. Box)  
 \_\_\_\_\_ City  
 \_\_\_\_\_ State  
 \_\_\_\_\_ Postal Code

Additional Contact Information:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If Subcontractor we need Insurance information (Type, Policy Number, Carrier ID):

Type 10: Automobile Liability Insurance \_\_\_\_\_

Type 20: General Liability Insurance \_\_\_\_\_

Type 30: Worker's Comp Insurance \_\_\_\_\_

Everyone needs to complete a W-9 (Request of Taxpayer Identification Number and Certification Form)

