



# City of Northport, Alabama

**Accounts Payable**  
P.O. Box 569  
Northport, AL 35476

Phone: (205) 339-7000  
Fax: (205) 333-3046

## **REQUEST FOR VENDOR INFORMATION**

**NOTE:** PAYMENT WILL BE HELD UNTIL FORM IS RETURNED.

*Invoices MUST be remitted to the above address. Failure to do so may result in late payment.*

Federal law requires us to obtain a valid taxpayer identification number (TIN) for each person or entity to whom the City makes a reportable payment. Complete this form and return it to the address above, fax it to (205) 333-3046, or e-mail it to [finance@cityofnorthport.org](mailto:finance@cityofnorthport.org).

**Name as registered with the IRS:** \_\_\_\_\_  
Name as it appears on your Social Security card of SS-4 application

**DBA (doing business as):** \_\_\_\_\_  
Business name if different from individual or parent company name

**Taxpayer Identification Number:** Enter your 9-digit number that corresponds to the name entered above. For individuals, this is your social security number. For other entities, it is the employer identification number assigned by the IRS. \_\_\_\_\_

**Type of Entity for IRS Tax Filing Purposes:**

( ) Individual ( ) Sole Proprietor ( ) Corporation ( ) LLC ( ) Partnership ( ) Government Agency

Tax Exempt Entity (list type): \_\_\_\_\_ Other (please specify): \_\_\_\_\_

For individuals, are you a U.S. citizen? ( ) Yes ( ) No If no, list country of citizenship: \_\_\_\_\_

**Is your business part of a cooperative sponsored by the National Association of Counties, its successor organization, or any other competitive bid nationwide cooperative purchasing program, or other national or regional governmental cooperative purchasing program?:** ( ) Yes ( ) No

If yes, please list cooperative name: \_\_\_\_\_

**Order From/Solicitation Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Remit to Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**Does your business require a City of Northport Business License? :** ( ) Yes ( ) No

If you are unsure, please call the Revenue Department at (205) 339-7000 for assistance.

**Note:** If you are required to have a City of Northport Business License, it must be obtained in order to receive payment from the City.

**Certification:** Under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number, and (2) the above information is true and without error to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_