



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.

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) 333-7000 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: _____