



Mayor Joshua A. Garcia

Jaime Morrow, Chief Procurement Officer

City of Holyoke

Purchasing Department

### Vendor Information/Request Form

Vendor#

----- Please print or type -----

A W9 or MW9 MUST be submitted with request

\*(For Department Use Only)\*

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person's name)

This request is for the following purpose:      Reimbursement      Contracted Services      Company/Corporation

\*(To Be Completed by Vendor)\*

Vendor Name: \_\_\_\_\_ FID#: \_\_\_\_\_

Order Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Remit Address: \_\_\_\_\_ We accept electronic payments:      Yes      No

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

Contact Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Are you a current or former Employee of the City of Holyoke?:      Yes      No

Domestic Wire or ACH Payment Information

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

ABA / Routing Number: \_\_\_\_\_

Pursuant to Massachusetts general laws, Chapter 62C, Section 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filled all State Tax Returns and paid all my state/local taxes required under law.

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

I, the Contractor, or acting on behalf of the contractor, certify under pains and penalties of perjury that to the best of my knowledge and belief, the above information is true, and complete.

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

THIS FORM MUST BE COMPLETED IN FULL BEFORE PURCHASING WILL ISSUE A VENDOR NUMBER.

**\*PURCHASING DEPARTMENT USE ONLY\***

VENDOR# \_\_\_\_\_ ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

1099:      Yes      No