

NEW VENDOR INFORMATION

NOTE: If possible, please send invoices and statements to accounts.payable@cumberlandmd.gov

VENDOR/COMPANY NAME: **(as shown on W9)**

DOING BUSINESS AS: (NAME)

DOING BUSINESS AS: (ADDRESS)

DOING BUSINESS AS: (CONTACT PERSON)

DOING BUSINESS AS:

PHONE# _____ EXT: _____ FAX# _____

EMAIL _____ WEBSITE _____

REMITTANCE ADDRESS: (WHERE CHECKS SHOULD BE MAILED IF DIFFERENT)

TYPE OF PAYMENT: _____ CHECK: _____ ACH: (**complete banking information below**)

ACH CHECKING ROUTING # _____

ACH CHECKING ACCOUNT # _____

ACH/EFT CONTACT EMAIL _____

NOTE: In order for the vendor to be added to the master file and paid this form must be fully completed along with a fully completed W-9 Form. No exceptions will be made.

WILL YOU BE PROVIDING:

SERVICE: _____ MERCHANDISE: _____ BOTH: _____ SECTION 8 HOUSING: _____

FOR INTERNAL USE ONLY:

SUBJECT TO 1099: ___Y___N

VENDOR ADDITION COMPLETED BY: _____

DEFAULT 1099 TYPE: _____

DATE VENDOR ADDED: _____

1099 BOX: _____

INITIAL: _____