

CITY OF NEW ORLEANS VENDOR REQUEST FORM

Complete all information on this form, front & back, before returning to the City of New Orleans' Bureau of Purchasing. All requested information must be provided for addition to the City's list of interested and responsible bidders. **Please note:** Attached is a Commodity Subclass by Description Table listing that must be completed. You should review the listing in its entirety, then select by circling or high lightening, all goods and/or services' line items your company is interested in bidding with the City of New Orleans.

CHECK THE APPROPRIATE BOX

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> NEW VENDOR | <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> OTHER, please explain |
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> NEW FEDERAL I.D. NUMBER | _____ |

PLEASE PRINT

YOU MUST PROVIDE THE FOLLOWING:

FEDERAL TAX ID NUMBER: _____ if applicable, or provide:
 SOCIAL SECURITY NUMBER: _____
 YOUR E-MAIL ADDRESS: _____
 YOUR FAX TELEPHONE NUMBER: _____

Mailing Information:

Please mark an "X" in each [], where applicable:

Company Name or Individual

Mailing Address

City State Zip Code

Telephone: (Area Code) Phone Number

Contact Person

- | | | | |
|----------------|-----|---------------------------|-----|
| Dealer | [] | * Certified WBE | [] |
| Manufacturer | [] | * Certified | [] |
| Jobber | [] | | |
| Retailer | [] | If Minority-Owned: | |
| Factory Rep | [] | - African American | [] |
| Individual | [] | - Asian American | [] |
| Partnership | [] | - Asian Indian | [] |
| Incorporated | [] | - American Indian | [] |
| Small Business | [] | - Hispanic American | [] |
| Commodity | [] | - Women Owned | [] |
| Disabled | [] | In State of Louisiana | [] |

(* Certification of WBE or MBE status is performed through the office of Small Emerging Business Development, 1340 Poydras Street, Suite 950, 9th Floor, New Orleans, LA 70112, (504) 636-0336.

Remit to Address (If different from mailing address)

 City State Zip Code

 Telephone: (Area Code) Phone Number

 Contact Person

NOTE: IT IS THE RESPONSIBILITY OF THE VENDOR TO REQUEST AND RESUBMIT A CORRECTED FORM WITH ALL REVISIONS WHEN ANY INFORMATION DIFFERS FROM THE ABOVE.

IMPORTANT: IF YOU HAVE MULTIPLE PAYMENT ADDRESSES, PLEASE ATTACH ADDITIONAL REMITTANCE ADDRESSES.

(The section below should be completed if this form is submitted by a City Agency or Department.)

 Form Submitted by / Name of Contact Person

 City Department or Agency Name

 Telephone Number Fax Phone Number

Please use this substitute form W-9 to furnish your taxpayer identification number. IRS regulations specify that without this information, payments made to your account are subject to a 31% backup withholding. (You may also be subject to a \$50.00 penalty imposed by the IRS under Section 6723 of the Internal Revenue Code).

Part 1 TAX STATUS: CHECK ONE ONLY

- Individuals: (Doing business under your own name, i.e., a consultant)
- Sole Proprietor: (Sole proprietor or doing business under a name other than your own)
- Partnership
- Corporation providing Health Care
- Corporation, Exempt Charity, other entity

Name on IRS Records _____

(For Individuals, Sole Proprietor or Partnership)

Individual Social Security Number _____

Name of Business _____

Federal Tax ID. Number _____

Part 2 EXEMPTION:

If you are a corporation exempt from 1099 reporting, check the appropriate line describing your exemption status:

- Corporation
- Tax Exempt Charity under 501(a)
- A state, the District of Columbia, a possession of the U.S., or any of the political subdivisions
- A foreign government or any of its political subdivisions, agencies or instrumentalities
- An international organization or any of its agencies or instrumentalities
- Other _____

Part 3 CERTIFICATION:

I certify that under penalty of perjury that the Tax Identification number that I have provided is correct.

Person completing this form (Please print) _____

Signature _____

Date _____ Telephone Number _____

PLEASE RETURN THIS COMPLETED FORM TO

**CITY OF NEW ORLEANS
BUREAU OF PURCHASING
1300 PERDIDO STREET, ROOM 4W07
NEW ORLEANS, LA 70112**

Revised: 01/26/04