

VENDOR INFORMATION FORM - Please email or fax the form to the Purchasing Department.
Fax: 719.584.0202 or e-mail to cdelgado@pueblowater.org. **MUST INCLUDE A COPY OF COMPANY W-9 TAX FORM**

Company Name Company Type

Federal Tax ID Social Security 1099 Required

Numeric Entry Only No Dashes

Remit To Address City State Zip

E-mail Address Phone Fax

Contact Person Title
Numeric Entry Only

If different than Remit to Address

Bid Address City State Zip

E-mail Address Phone Fax

Contact Person Title
Numeric Entry Only

Payment Terms Due Date Days after invoicing Discount % Order discount Days of invoice

Payment Method Credit Card (At Sale) Check (net 30) Electronic funds transfer/ACH

Electronic Funds Transfer / ACH Authorization Form (optional, Net 30)

Bank Name & Address

Title on Bank Account

Bank Routing Number Bank Account Number

Bank Contact Name Phone

Remit Advice For your bank Yes No Send remittance advice directly to my bank in NACHA format

For your company Send to this email address

Remittance advice is sent as Adobe Acrobat PDF

By checking this box I understand that this authorization is to remain in full force and effect until either party receives written notification of cancellation in such a manner of time as to afford a reasonable opportunity to act on it.

Date

Contact the Purchasing Department
719.584.0201
with questions regarding this form.