



FEDERAL TAXPAYER IDENTIFICATION NUMBER (FIN): (AKA EMPLOYER IDENTIFICATION NUMBER -EIN)

Grid for Federal Taxpayer Identification Number (EIN)

OR

SOCIAL SECURITY NUMBER: (IF INDIVIDUAL OR SOLE PROPRIETORSHIP)

Grid for Social Security Number

The TIN provided must match the name given on the "Name" line below.

Print Here _____ NAME OF BUSINESS OR OWNER, IF SOLE PROPRIETOR/INDIVIDUALLY OWNED

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number...
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding...
(3) I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGN HERE: _____ DATE: _____

*****VENDOR REGISTRATION FORM*****

INSTRUCTIONS: Please mark all that apply to you or your company.

- Checkboxes for: Sole Proprietor/Individual Owned, Partnership, Limited Liability Company (LLC), Lawyer/Attorney, Medical Provider, Corporation, Non-Profit (Per IRS 501C3 Regs), Government, New Vendor, One-Time Vendor, Address Change, Federal Tax ID Number Change.

PURCHASE ORDER ADDRESS:

Form for Purchase Order Address with fields for Name, Business Name, Street, City, State, ZIP, Contact Person, E-mail, Telephone, and Fax.

PAYMENT REMITTANCE ADDRESS:

Form for Payment Remittance Address with fields for Name, Business Name, Street, City, State, ZIP, Contact Person, E-mail, Telephone, and Fax.

Any vendor who accepts payment confirms the following: the invoice is true and correct; the work, service or materials as shown by the invoice or claim have been completed or supplied in accordance with the plans, specifications, orders or requests furnished the vendor; and the vendor has made no payment, directly or indirectly, to any elected official, officer or employee of this City, of money or any other thing of value to obtain payment 62 O.S. § 310.9 and 74 O.S. § 3109.

Do you wish to receive payments by electronic funds transfer? Attach an EFT/ACH form (available at www.okc.gov or e-mail vendorregistration@okc.gov to obtain a copy of the form)

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by a public agency for bidding or furnishing materials, supplies or services, to any other public agency thereof. NOTE: Article IV, Section 11 of the City Charter prohibits employees of the City from having a proprietary interest in City Contracts §11-8-113.

Return to:

Procurement Services: vendorregistration@okc.gov (405) 297-2741 Fax (405) 297-2142 100 N. Walker, Suite #100 Oklahoma City, OK 73102

Signature of Person Authorized to Sign Date Signed Print Name Title