



Finance Department Phone: 417-724-5625  
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## **VENDOR APPROVAL APPLICATION**

All vendor information must be complete for your company to be an approved vendor. **A completed and signed W-9 form must accompany the application.** The form is available at this link: [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

### **Business Information**

Company Name (as recorded with the IRS) \_\_\_\_\_

DBA Name \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Billing Address (if different) \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Company Website address \_\_\_\_\_ Years in business \_\_\_\_\_

Incorporated Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer Tax Identification Number and/or Social Security Number \_\_\_\_\_

Will you accept Purchase Orders? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or a family member employed by the City of Nixa? If, yes name of employee and your relationship to them.

\_\_\_\_\_

### **Additional Information**

Which department within the City of Nixa have you been working with? \_\_\_\_\_

Name of employee \_\_\_\_\_

**Company Ownership**

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

**Principal Owners**

Name or Names \_\_\_\_\_

**Payment Terms**

Net 30 days \_\_\_\_\_ Net 10 days \_\_\_\_\_ 10<sup>th</sup> of month \_\_\_\_\_ 2% 10 Net 30 \_\_\_\_\_ Other \_\_\_\_\_

**References**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certification**

I certify that all information provided on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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**TO BE COMPLETED BY CITY OF NIXA FINANCE DEPARTMENT**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Verification Completed By \_\_\_\_\_ Date \_\_\_\_\_