

VENDOR INFORMATION
(Attach to W9 Form)

Please Print Clearly

VENDOR NAME: _____

Street Address: _____ Remit to Address: _____
(If different from street address)

Sales / Order Contact Name: _____ Phone #: _____

Fax #: _____ Email Address: _____

Acct Dept Contact Name: _____ Phone #: _____

Fax #: _____ Email Address: _____

Town of Silver City

Requesters Name: _____ Department: _____ Date: _____

PLEASE ATTACH THIS COMPLETED FORM TO THE BACK OF THE W9 FORM
AND RETURN TO FINANCE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT
FINANCE ASAP IN ORDER TO BE ABLE TO CONTINUE THE ORDERING PROCESS.