

City of Gillette **VENDOR SET-UP FORM**

To Be Filled Out by VENDOR ONLY

New Vendor
Reactivate Vendor
Address Change
Vendor Number
Requesting Division

PLEASE FILL OUT CO payment(s) could be		•	•	our payment(s) to you a	nd your
Name, as it will appear on check (NO ABBREVIATIONS)			Doing Business As (if different than name on check)		
Payment Address			Business Address		
City	State	Zip	City	State	Zip
() Phone Number			Accounts Receiva	ıble Contact	
Fax Number			E-mail		
Vendor Type: (Check	appropriate box)				
☐ Individual/Sol Single-membe	le Proprietor or er LLC	C Corporation	S Corporation	☐ Partnership ☐ Trus	st/estate
Limited Liabili	ity Company: Enter ta	ax classification	(C=C Corporation, S=S (Corporation, P=Partnership	ρ)
	ingle-member LLC tha tax classification of tl	_		ck the appropriate box in t	the line
Other:					
Name (Owner of the Administration Recor	•	on Number (EIN	or SSN) as name appea	ars on IRS or Social Securit	у
Social Socurity #:			or Federal TIN:		

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)
- I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature:	Date:
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