

**CITY OF CASSVILLE  
VENDOR FORM**

**\*\* No payments will be made to ANY vendor unless **all** of this information is submitted to the accounting department.**

Legal name of Vendor: \_\_\_\_\_

Name to be printed on check: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Company website: \_\_\_\_\_

Name of primary Contact: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Type of Business:     Corporation     LLC     Sole Proprietorship     Partnership  
 Other: \_\_\_\_\_

Is this Vendor a Contractor that will be doing work on City Property? \_\_\_\_\_

If yes, **VENDOR MUST PROVIDE INSURANCE CERTIFICATE PROVING PROPERTY/LIABILITY AND WORKMANS COMPENSATION COVERAGE**

Turn this form into the Accounting Department **ALONG WITH** the Vendor's W-9 and insurance certificate, if applicable.