

City of BerkeleyFinance Department – General Services Division

Vendor Information Application PLEASE TYPE OR PRINT CLEARLY IN INK

For City Use Only
Vendor Code
Rec'd
LBE

<u>Business Information</u>	(al	l in	<u>torma</u>	<u>ation</u>	must	be	comp	<u>lete</u>	<u>d)</u>

Business Name		Year Est.	No. of E	mployees
Name (as shown on your Income tax re	turn)			
Check Payable to Name:				
Street Address		City	St	Zip
Remit-to Address		City	St	Zip
Contact Person(s)	Phon	e(s)	Fax	
Email Address		_ CA State Sales Pern	nit No	
Federal Tax I.D. No.	or S	Social Security No		
State Tax I.D. No.	City of Berkel	ey Business License N	0	
Prompt Payment Discount% N	Number of Days	Net Days		
Important: Indicate on the following Company Ownership	pages those products a	nd supplies the firm v	vishes to s	upply to the City.
[] Individual/Sole Proprietor [] Other (specify)	[] L.L.C [] Corp		•	[] Partnership
Nonprofit Organization				
Certification: Under penalties of perjury provided herein are correct Name (print)	y, I certify that the taxpay	er identification number	r(s) all other	information
Signature of Company Officer			Ph	

PLEASE NOTE: IF THERE IS NO BUSINESS CONDUCTED DURING ONE YEAR YOUR ACCOUNT WILL BE INACTIVATED.