

City of Manchester, New Hampshire
Vendor Information Sheet

NOTE: A signed and completed W-9* form must accompany this application. Additional documentation may be required to set you up as a vendor.

Department Name: _____

Vendor Name: _____

Vendor's Physical Address: _____

(All vendors must provide a physical street address.)

Vendor's Mailing Address: _____

(Address where payment should be mailed.)

Vendor's Phone# () _____

Vendor's Fax# () _____

Contact Person: _____

Email Address: _____

Vendor is a:
(Please check one)

Sole Proprietor

Partnership

Corporation

LLC**

Foreign Business/Person (NRA)*

What is the service or product provided? _____

* If you are a foreign business or non-resident alien please provide a new, signed and completed W-8 form. (W-8 forms and instructions, as well as Publication 515 can be found at WWW.IRS.gov)

** If you checked LLC please specify if the IRS classifies you as a sole proprietor, partnership or corporation