

# City of St. George

# Vendor Information Form

LEGAL BUSINESS NAME: \_\_\_\_\_  
(as listed on W-9)

DBA and/or SUBSIDIARY NAME(S): \_\_\_\_\_

WEBSITE: \_\_\_\_\_

PRIMARY REMITTANCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNTS RECEIVABLE / CREDIT CONTACT INFORMATION

PRIMARY CONTACT NAME: \_\_\_\_\_

PRIMARY CONTACT TITLE: \_\_\_\_\_

PRIMARY CONTACT PHONE NUMBER: \_\_\_\_\_

PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

I certify that all information on this form is true and complete. Authorization to utilize any of the above information is hereby given.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date