

VENDOR VERIFICATION FORM

City of Camdenton
437 W US Hwy 54
Camdenton, MO 65020
Phone 573-346-3600
Fax 573-346-2926

***Must complete and mail to address above
in order to be added to approved vendor list***

Legal Name of Company (as recorded with the IRS) _____

Owners/Partners of Company _____

Street Address (required) _____ City / State _____ Zip Code _____

Mailing Address _____ City / State _____ Zip Code _____

Business Phone _____ Fax _____

Years in Business _____ Incorporated: Yes _____ No _____

Type of Merchandise/Service Business Provides _____

Are you or a family member employed by the City of Camdenton? Yes _____ No _____

If yes, name of Employee _____ Relationship: _____

Will Accept Purchase Orders Yes _____ No _____

Customer References (list two)

Customer	Address	Contact	Phone #
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Customer	Address	Contact	Phone #
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Per IRS regulations, the City must have a W-9 on file for every vendor. **YOU WILL NOT BE ADDED TO THE CITY OF CAMDENTON APPROVED VENDOR LIST WITHOUT W-9 INFORMATION.** A copy of the Form W-9 is available on the IRS website at www.irs.gov/pub/irs-pdf/fw9.pdf.

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Tax Identification Number

_____ Social Security Number OR

_____ Employer Tax Identification Number

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To Be Completed by City of Camdenton

Date Received _____ Approved _____ Not Approved _____

Verification Completed By _____ Date _____