

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY, TENNESSEE

SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS
700 2nd Avenue South Suite 310
PO Box 196301
NASHVILLE, TENNESSEE 37219-6301
FAX TO: (615) 880-1727

FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP / PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED IN YELLOW

To be completed by Metro department requesting setup

DEPARTMENT: _____ Contact Name: _____
Phone _____ Date _____

Select appropriate setup type: New _____ If Change to existing Supplier, list # _____

Describe the nature of the transaction:

Is applicant providing goods or services? YES or NO Will applicant be paid more than once? YES or NO

ADDRESS INFORMATION

PLEASE TYPE OR PRINT (Address where correspondence etc are to be mailed)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ - _____
PHONE _____ - _____ - _____ FAX _____ - _____ - _____
COUNTY _____ E-MAIL ADDRESS: _____

Is the applicant a Metro Employee? Yes or No

Employee Number (if applicable) _____ Will employee be using the travel system? YES or NO

Employee home department _____ Select employee type: General Government or MNPS

W9 TAX INFORMATION complete or attach hand signed W9*

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER (Select one code and fill in ID # information)

Individual or Sole Proprietor Social Security # _____
 Non Corporation Federal Tax Id # _____
 Corporation (except Medical/Legal) Federal Tax Id # _____
 S Corporation (except Medical/Legal) Federal Tax Id # _____
 Partnership or Medical/Legal Corporation Federal Tax Id # _____
 Trust/estate Social Security # _____
 Limited Liability Company Federal Tax Id # _____ Type _____
 Other Federal Tax Id # _____

Box 1 Box 6 Box 7 Box 14

Type of 1099 to be issued: Rent Medical Non Emp compensation Attorney Not applicable

* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. *

SIGNATURE

SIGNATURE: _____ DATE: _____