

City of Elmhurst

209 N York Street
 Elmhurst, IL 60126
 630-530-3000
 AP@Elmhurst.org

VENDOR INFORMATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID. if applicable
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
POINT OF CONTACT NAME	TITLE	
VENDOR ADDRESS		
PAYMENT ADDRESS if different from address above		
PHONE	FAX	VENDOR EMAIL
TAX EXEMPT? Y or N	VENDOR WEBSITE	

ORGANIZATION TYPE

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

MINORITY-OWNED, WOMEN-OWNED, VETERAN-OWNED BUSINESS INDICATORS

<input type="checkbox"/>	Minority-Owned Business (MBE)	<input type="checkbox"/>	Women-Owned Business (WBE)	<input type="checkbox"/>	Minority/Women-Owned Business (MWBE)
<input type="checkbox"/>	Veteran-Owned Business (VBE)	<input type="checkbox"/>	Service Disabled Veteran-Owned Business (SDVE)	<input type="checkbox"/>	

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT