



# Nye County Vendor Information Form

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor

Read & Complete Carefully

New Vendor       Update Existing Vendor Information  
Vendor Number (if known) \_\_\_\_\_

<b>Vendor Legal Business Name or Individual Name</b>				<b>Taxpayer ID# (TIN)</b> <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
<small>NAME LISTED MUST BE THE NAME ON FILE WITH THE IRS</small>				<small>WRITE/TYPE SSN/FEIN NUMBER ABOVE (Do complete for Individuals)</small>	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)					
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT					
<b>NOTE:</b> IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.					
VENDOR ADDRESS					
STREET		CITY	STATE	ZIP CODE	
VENDOR E-MAIL ADDRESS			VENDOR WEB SITE		
<b>REMITTANCE INFORMATION:</b> <input type="checkbox"/> INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS <input checked="" type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE					
STREET		CITY	STATE	ZIP CODE	
CONTACT INFORMATION: NAME (TYPE OR PRINT)					
BUSINESS PHONE:		Ext. #	CELL NUMBER:		
E-MAIL :			FAX NUMBER:		
SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED VENDOR				DATE EXECUTED	
PRINT NAME OF AUTHORIZED PERSON			TITLE OF AUTHORIZED PERSON		