



Vendor Application

City of Kingman New Vendor Application	Date: Company Website:
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Please provide all information requested on this application form. Please insert N/A for items not applicable:			
Company Name			Contact Person/Title
Address	City	State	Zip Code
Payment Remittance Address	City	State	Zip Code
Billing Contact	Phone	Email	

IF YOU ARE A CONTRACTOR LICENSED UNDER THE ARIZONA REGISTRAR OF CONTRACTORS, YOU MUST PROVIDE THE FOLLOWING			
Valid Arizona Contractor License			
DUNS number (register at www.sam.gov)			
Individual(s) authorized to contractually bind the company or firm (Please indicate if agent):			
Name	Title	Phone	Email
Name	Title	Phone	Email
TYPE OF BUSINESS: 1099 Required? YES NO			
Attorney	Individual/Sole Proprietor	Health Care Provider	
Rent/Royalties	LLC	Other: _____	

Additional Notes/Comments:

<p>For purposes of determining any possible conflict of interest, all Vendors must disclose if any current City of Kingman employee is also an owner, corporate officer, or employee of your business. Indicate either Yes (a City of Kingman employee is associated with your business), Or No. If yes, provide the name(s) of the City of Kingman employee and the position they hold within your business.</p>		
YES	NO	Employee Name/Position
<p>I hereby certify that the above information is true and correct to the best of my knowledge. I understand that the submission of false or inaccurate information may result in rejection or deletion of my application.</p>		

Authorized Individual's Signature

Print Name

Title

Date

Office Use Only	Vendor Number:	Date Processed:	Initials:
	City of Kingman Finance Signature:		Date:

**Please return completed application and W-9 to
vendors@cityofkingman.gov**