



## NEW VENDOR CHECK LIST

The following forms must be completed accurately, signed by an individual authorized to act on behalf of the Company, and submitted together before a vendor number will be assigned for payments. Instructions to all forms are included in this packet. If additional information is needed, please contact the City of Grand Prairie Accounts Payable Department at 972-237-8075 or e-mail [accountspayable@gptx.org](mailto:accountspayable@gptx.org).

Any of the forms listed (and instructions) may be downloaded from the City's website at:

<http://www.gptx.org/city-government/city-departments/departments-a-f/budget/purchasing/forms-and-publications>

- Complete and sign Request for Vendor Information Form. **REQUIRED**
- Complete and sign IRS Form W-9 (instructions included upon request of vendor). **REQUIRED**
- Complete and sign Vendor Direct Pay Authorization (required only if you selected yes on the Vendor Information Form Part 2 - Question 3).
- Send all completed and signed forms to City of Grand Prairie Accounts Payable Department either by mail, fax, or e-mail to:

City of Grand Prairie, Texas  
Accounts Payable Department  
326 W. Main Street  
Grand Prairie, TX 75050  
Fax: 972-237-8080  
Email: [accountspayable@gptx.org](mailto:accountspayable@gptx.org)



# REQUEST FOR VENDOR INFORMATION

## PART 1: BUSINESS LEGAL INFORMATION (as listed with Internal Revenue Service)

The City utilizes the TIN Matching Program provided by the Internal Revenue Service. The information in this section must match your business information on file with the IRS. If this information does not match, the City may be required to withhold backup withholding tax from vendor payments.

**TAX ID #** \_\_\_\_\_ [9-digit Federal Employer Tax ID or Social Security Number (if individual)]

**BUSINESS LEGAL NAME:** \_\_\_\_\_

**DOING BUSINESS AS:** \_\_\_\_\_

**CORPORATE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

## PART 2: BILLING/PAYMENT INFORMATION

1. IF THE ACCOUNTS PAYABLE DEPARTMENT HAS QUESTIONS REGARDING AN INVOICE FROM YOUR BUSINESS, WHO SHOULD WE CONTACT?

**CONTACT PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

2. WHERE SHOULD THE CITY MAIL CHECKS FOR PAYMENT OF INVOICES?

**PAYMENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

3. WOULD YOUR BUSINESS LIKE TO PARTICIPATE IN ACH DIRECT PAY (payments are deposited directly into your bank account)?

**YES**      **NO**      If you answered yes, please complete the attached Direct Pay Authorization Form

4. DOES YOUR BUSINESS ACCEPT CREDIT CARDS (MC/VISA) AS A FORM OF PAYMENT?      **YES**      **NO**

5. DOES YOUR BUSINESS OFFER EARLY PAYMENT DISCOUNTS?      **YES**      **NO**

If you answered yes, identify early payment terms: \_\_\_\_\_

If you answered no, is Net30 an acceptable payment term?      **YES**      **NO**      If you answered no, identify preference \_\_\_\_\_

## PART 3: PURCHASING INFORMATION

1. HOW WILL THE CITY PLACE ORDERS AND/OR REQUEST SERVICES FROM YOUR BUSINESS? (Check all that apply)

\_\_\_\_ **Telephone**      **Phone Number:** \_\_\_\_\_      **Contact Person(s):** \_\_\_\_\_

\_\_\_\_ **Fax**      **Fax Number:** \_\_\_\_\_

\_\_\_\_ **E-mail**      **E-mail Address:** \_\_\_\_\_

\_\_\_\_ **Website**      **Url:** \_\_\_\_\_

\_\_\_\_ **Other (please explain)** \_\_\_\_\_

2. HOW WOULD YOUR BUSINESS LIKE TO RECEIVE PURCHASE ORDERS? (Check all that apply)

\_\_\_\_ **E-mail**      **E-mail Address:** \_\_\_\_\_

\_\_\_\_ **Fax**      **Fax Number:** \_\_\_\_\_

**PART 4: CONFLICT OF INTEREST**

**1. WILL YOUR BUSINESS PROVIDE \$3,000 OR MORE IN GOODS AND/OR SERVICES TO THE CITY? YES NO**

IF YOU ANSWERED YES, COMPLETE QUESTION 2; OTHERWISE, SKIP TO PART 5.

**2. IS ANY OWNER(S) AND/OR INTERESTED PARTY(IES) OF YOUR BUSINESS RELATED (BY BLOOD OR MARRIAGE) TO ANY OF THE FOLLOWING:**

- A member of the City Council? YES NO
- A member of a City Committee? YES NO
- A City Official? YES NO
- An Officer of the City? YES NO
- An employee of the City? YES NO

If you answered yes to any of the above, you will be contacted by the City's Purchasing Department, and all related parties may be required to complete additional forms. A list of City Officials, Officers, Council members, and Committee members can be obtained from the City's website at <http://www.gptx.org/home/showdocument?id=10429>, or by contacting the City's Purchasing Department at 972-237-8075.

**PART 5: STATISTICAL INFORMATION**

**1. IS YOUR BUSINESS A CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE) OR A HISTORICALLY UNDERUTILIZED BUSINESS (HUB)? YES NO**

IF YOU ANSWERED YES, SELECT ALL THAT APPLY:

- Asian Indian
- Asian Pacific
- Black
- Hispanic
- Native American
- Woman Owned
- Service-Disabled Veteran

**VENDOR ACKNOWLEDGEMENT:**

By signing below, I attest that the above information is true, accurate and complete to the best of my knowledge, and I am authorized to act on behalf of this Company.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CITY USE ONLY: Department \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# DIRECT PAY AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN ORIGINAL TO:

City of Grand Prairie  
Attn: Accounts Payable  
P.O. Box 534045  
Grand Prairie, TX 75053

Fax: (972) 237-8080  
Email: [accountspayable@gptx.org](mailto:accountspayable@gptx.org)

## PART 1: Transaction Type

- |   |  |
|---|--|
| <input type="checkbox"/> New Direct Pay setup                       | <input type="checkbox"/> Change routing number |
| <input type="checkbox"/> Cancellation ( <i>Leave Part 4 blank</i> ) | <input type="checkbox"/> Change account number |
| <input type="checkbox"/> Change financial institution               | <input type="checkbox"/> Change account type   |

## PART 2: Payee Identification (*required for all transaction types*)

1. Business Tax ID ( <i>Social Security Number or Federal Employer ID Number</i> )		2. Work Phone Number	
3. Business Name ( <i>as it appears on bank statement</i> )		4. E-mail Address ( <i>required</i> )	
5. Street Address	6. City	7. State	8. ZIP Code

## PART 3: Authorization for Setup, Changes, or Cancellation (*required for all transaction types*)

I hereby request and authorize (as selected in Part 1) the City of Grand Prairie to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed and/or payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to change or terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Pay and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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## PART 4: Financial Institution (*Contact your financial institution for this information, if necessary.*)

12. Financial Institution Name	13. City	14. State	15. ZIP Code
16. Routing Transit Number	17. Customer Account Number	18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Saving	

# DIRECT PAY AUTHORIZATION

## INSTRUCTIONS

**NOTE:** *No alterations to the text in Parts 2 – 4 will be allowed.*

### **PART 1: Transaction Type** [check the appropriate box(es)]

- **NEW SETUP** – Select if (1) payee is a new vendor with the City or (2) payee is an established vendor with the City but never authorized or received Direct Pay in the past.
- **CANCELLATION** – Select if payee wishes to stop Direct Pay.
- **CHANGE FINANCIAL INSTITUTION** – Select if payee is currently on Direct Pay and your financial institution on file with the City has changed.
- **CHANGE ROUTING NUMBER** – Select if payee is currently on Direct pay and your financial institution's routing number has changed.
- **CHANGE ACCOUNT NUMBER** – Select if payee is currently on Direct Pay and your bank account number on file with the City has changed.
- **CHANGE ACCOUNT TYPE** – Select if payee is currently on Direct Pay and the type of account on file with the City has changed.

### **PART 2: PAYEE IDENTIFICATION** (*required of all payees and transaction types*).

1. Enter your employer identification number (EIN) or social security number (SSN). This number must match information on file with the Internal Revenue Service (IRS).
2. Enter a telephone number where the City may contact you if additional information is needed or in the event that a direct pay is returned to the City.
3. Enter your business name as it appears on your bank statements (usually legal name of business).
4. Enter the e-mail address to send ACH acknowledgements when a direct pay transaction has been initiated by the City for payment of invoice(s).
5. Enter the street address where to remit paper checks for payment of invoices if direct pay transactions fail.
6. Enter the City matching the street address entered in Box 5.
7. Enter the State matching the City entered in Box 6.
8. Enter the zip code matching the City and State entered in Boxes 6 and 7.

### **PART 3: Authorization for Setup, Changes, or Cancellation** (*required of all payees and transaction types*)

9. The individual signing must be authorized to sign checks for the bank account listed in Part 4.
10. Print the name of individual who signed in Box 9.
11. Enter the date the individual signed in Box 9.

### **PART 4: Financial Institution** (*do not complete if you checked Cancellation in Part 1*).

12. Enter the financial institution where the payee's bank account is established.
13. Enter the City where your bank account was established (usually printed on bank checks).
14. Enter the State where your bank account was established (usually printed on bank checks).
15. Enter the zip code matching the City and State entered in Boxes 13 and 14.
16. Enter the routing number of the financial institution listed in Box 12 (this can be found on printed checks, on your bank statement, or your bank's website).
17. Enter payee's bank account number (this can be found on printed checks, on your bank statement, or your bank's website).
18. Check the type of account that is listed in Box 17.