



Vendor Registration Profile

Phone: 512-974-2018; Fax 512-978-7643; Email: vendorreg@austintexas.gov

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City of Austin Vendor ID(optional)

Legal/Company Name: _____

Alias/DBA: _____

Payments should be made to: Legal Name Alias/DBA Both

Sales Mailing Address:	Payment Mailing Address:																																								
City, State, Zip:	City, State, Zip:																																								
Sales Contact:	Accounts Receivable Contact:																																								
Email:	Email:																																								
Phone: Fax:	Phone: Fax:																																								
Business Structure (check one): <input type="checkbox"/> Individual <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Government Entity	Employer Identification Number (EIN) <table border="1"> <tr> <td> </td><td> </td> </tr> </table> OR Social Security Number (if no EIN) <table border="1"> <tr> <td> </td><td> </td> </tr> </table>																																								

Minority/Woman-Owned Businesses: A minority-owned business enterprise (MBE) is one which is owned, managed and controlled by minority persons. A woman-owned business enterprise (WBE) is one which is owned, managed and controlled by women.

<input type="checkbox"/> Not an M/WBE firm	Sex of majority owner/stockholder	Ethnic group of majority owner/stockholder
<input type="checkbox"/> An M/WBE firm certified by the City of Austin	<input type="checkbox"/> Female	<input type="checkbox"/> African-American <input type="checkbox"/> Asian
<input type="checkbox"/> An M/WBE firm not certified by the City of Austin	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic <input type="checkbox"/> White
		<input type="checkbox"/> Native American <input type="checkbox"/> Other

If we are required to create a new vendor code, a new user ID will be assigned. Please provide your preferred user ID and an alternate, in case the first is not available. Preferred User ID: _____ Alternate User ID (if first is not available): _____	EFT Information Please note: You must inform the specific department you provide goods/services to that you wish to be paid electronically.
	Bank Name:
	Bank Address:
	Bank City, State, Zip:
	Bank Phone:
	ABA #:
	Account #:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Representative Name (Print) _____

Title _____

Representative Signature _____

Date _____