



The City of OKLAHOMA CITY

Updated 2021

(Internal use only)

PeopleSoft Vendor ID: _____ Entered by: _____

Helpdesk Ticket #: _____ Date: _____

VENDOR REGISTRATION FORM

Please print legibly or type this information. Form must be completed and signed by authorized individual.

If you are a single member LLC classified as a Disregarded Entity on your W-9, you MUST provide the owner's SSN or EIN, not the LLC's EIN (see IRS pub 3402).

- ☐ **NEW DOMESTIC VENDOR** - Attach the most current IRS W-9 form, along with this form; both MUST be filled out in their entirety.
- ☐ **NEW FOREIGN ENTITY** - Attach the most current, appropriate, IRS W-8 form, along with this form; both MUST be filled out in their entirety

Please provide the City Department or Employee you are working with:

City Department

City Employee

- ☐ **UPDATE EXISTING VENDOR** - Attach the most current IRS W-9/W-8 form, along with this form; both MUST be filled out in their entirety.

Select all types of applicable update(s):

☐ Address Name Tax ID Contact Information ACH/EFT Other: _____

SDBE Program: Please select all applicable vendor characteristics:

Disadvantaged Business Enterprise

Small Business - as defined by the U.S. Small Business Administration

Women-Owned Business - % women owned / controlled _____%

Minority-Owned Business - % Minority owned / controlled _____%

Ethnicity(ies) _____

☐ DUNS Number - _____

If you checked any of the above boxes, please provide a brief description of your business: _____

If you checked any of the above boxes, do you wish to receive notifications of upcoming contract opportunities? _____

Do you consent to receive Forms 1099 by email?

Do you wish to receive payments by electronic funds transfer?

Check here if same as PO address

PURCHASE ORDER ADDRESS

BUSINESS NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP CODE

CONTACT PERSON

EMAIL ADDRESS

TELEPHONE NUMBER

PAYMENT REMITTANCE ADDRESS

BUSINESS NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP CODE

CONTACT PERSON

EMAIL ADDRESS

TELEPHONE NUMBER

Any vendor who accepts payment confirms the following: the invoice is true and correct; the work, service or materials as shown by the invoice or claim have been completed or supplied in accordance with the plans, specifications, orders or requests furnished the vendor; and the vendor has made no payment, directly or indirectly, to any elected official, officer or employee of this City, of money or any other thing of value to obtain payment See [62 O.S. § 310.9](#).

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by a public agency for bidding or furnishing materials, supplies or services, to any other public agency thereof. NOTE: Article IV, Section 11 of the City Charter prohibits employees of the City from having a proprietary interest in City Contracts See [11 O.S. § 8-113](#).

Return to Procurement Services:

vendorregistration@okc.gov

100 N. Walker, Suite #200
Oklahoma City, OK 73102
(405) 297-2741 Fax (405) 297-2142

Signature of Person Authorized to Sign

Date Signed

Print Name

Title