



**St. Mary's County Government - Procurement Office  
VENDOR INFORMATION FORM**

**VENDOR NAME:** \_\_\_\_\_  
**REMIT ADDRESS:**  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**MAILING ADDRESS:**  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**POINT OF CONTACT** (please print clearly):

Name: \_\_\_\_\_ TITLE: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**TAX ID or SOCIAL SECURITY #: REFER TO ATTACHED IRS FORM W-9**

**NAME ON CHECK:** \_\_\_\_\_

**Is your business:**

Minority-owned?  YES  NO      Woman-owned?  YES  NO      Veteran-owned?  YES  NO

(Please provide appropriate documentation)

**MBE/DBE/SBE Registration Number:** \_\_\_\_\_

**Does your business provide any of the following types of services or fees for St. Mary's County Government?**

Medical  YES  NO      Attorney  YES  NO      Rents  YES  NO

<b>St. Mary's County Government Office Use Only</b>	
Submitted By: _____	Phone: _____
Comments: _____	
1099: _____	
Vendor Number: _____	Assigned By: _____ Date: _____

*Please answer all questions. If appropriate, write not applicable. If this form is not complete, it will be returned to you for completion before processing. Information should match what is on your business' W-9 form.*