



**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

St. Mary's County Government Office Use Only

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.