



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.