CEDAR RAPIDS
City of Five Seasons

City of Cedar Rapids
Vendor Registration Packet
Transmittal Form

The Vendor Registration Packet includes the forms necessary to register a business. Please complete the enclosed forms and return to the City Finance Department (address and contact information below). The forms may be returned by US mail, email or fax.

Documents included with this packet:

Transmittal Form
Vendor Registration Form
Conflict of Interest Statement
W-9 Form
ACH Authorization Agreement

Use the following checklist to make sure required forms are returned and information is complete:

REQUIRED DOCUMENTS

☐ Vendor Registration Form
☐ Conflict of Interest Statement
  ☐ Is the form notarized?
☐ W-9 Form
  ☐ Is the form signed?

OPTIONAL DOCUMENT

☐ ACH Authorization Agreement
  ☐ Is a voided check attached?

Forms should be typed or printed for legibility.

Vendor Registration Contact and Address Information:

City of Cedar Rapids
Finance Department – Accounts Payable Division
101 First Street SE
PO Box 2148
Cedar Rapids, IA 52406-2148

Email: **accountspayable@cedar-rapids.org**

Fax: 319-286-5300

Phone: 319-286-5013

CEDAR RAPIDS
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City of Cedar Rapids

Vendor Registration Form

Please Print or Type the requested information.

Name and Address Information*

Individual/Company/Corporate Name:	
DBA (name as it appears on the invoice):	
Remittance Address: (Street, City, State & Zip Code)	
Physical location of business: (Street, City, State & Zip Code)	
Name of county where business physically resides:	
Website Address:	
Do you qualify as a Local Business? See requirements at: http://www.cedar-rapids.org/local_government/departments_g_-v/purchasing_services/index.php	_____ Yes _____ No
Are you a minority or disadvantaged owned concern (at least 51% owned, controlled, and actively managed by one or more minorities, or if a publicly-owned concern, at least 51% of the stock owned by one or more minorities.)	_____ Yes _____ No
Are you a woman owned concern (at least 51% owned, controlled, and actively managed by one or more women, or if a publicly-owned concern, at least 51% of the stock owned by one or more women.)	_____ Yes _____ No
Owner/President Name:	

Accounts Receivable Contact Information

Contact name(s):					
Phone No.:		Fax No.:		Email:	

General Payment Terms – Net 45 days

Payment Methods:	_____ MasterCard Credit Card Payment Accepted _____ ACH Payments Accepted (ACH Authorization Agreement Required) _____ Check Only
Prompt Payment Discount:	_____ Yes _____ No (Discount terms to be listed on invoice)

Signed: _____	Dated: _____

Please feel free to attach additional contact and address information if applicable.

Internal Use Only		
Vendor ID:	Vendor Location ID:	Updated by:

CEDAR RAPIDS
City of Five Seasons

City of Cedar Rapids
Conflict of Interest Statement

Name of Business: _____

List the names of any of your officers, employees, stock holders owning more than 5% of shares, or any individuals with a financial interest in your business that are **employed, serve as elected officials, or are appointed as board members in any capacity by the City of Cedar Rapids.**

Name	Position in Company
(1)	
(2)	
(3)	
(4)	
(5)	

Attach a separate list if more than five individuals qualify.

I,_____ , certify that the information supplied herein is correct and that neither _____ (name of business) nor any person or concern in any connection with _____(name of business) as a principal or officer is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any public agency thereof.

_____ _____ _____
Signature Title Date

Subscribed and sworn to this _____ day of _____, 20_____ before the undersigned Notary Public.

_____
NOTARY PUBLIC, STATE OF IOWA

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CEDAR RAPIDS
City of Five Seasons

City of Cedar Rapids
ACH Authorization Agreement

Please complete the information below and ATTACH A VOIDED CHECK.

Business Name:	
Address:	
Email:	
Phone:	
SSN or Business EIN:	
Bank Name:	
Bank Routing No.:	
Account No.:	☐
Account Type: (check one)	Checking Savings

I,_____, hereby authorize and request the City of Cedar Rapids to initiate deposits to the account with the financial institution named above. This authority is to remain in effect until_____(name of business) or the City of Cedar Rapids terminates the agreement. A written request for termination must be provided by the business five (5) business days prior to the effective date of termination. The City of Cedar Rapids may terminate this agreement at any time.

_____ _____ _____
Signature Title Date

Attach voided check here. A deposit slip is not an acceptable alternative.

Internal Use Only		
Vendor ID:	Vendor Location ID:	Updated by: