

**CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
36 COURT STREET - CITY HALL
SPRINGFIELD, MA 01103
413-787-6284 Telephone, 413-787-6295 Fax**

VENDOR MAINTENANCE FORM

To be Completed by Vendor (print clearly):

Business Name: _____

DBA: _____

Send Purchase Order To:

Street: _____

City: _____ State: _____ Zip Code: _____

Remit To:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal ID# _____ or SS# _____

Type of Service Providing to City: Technology _____ Medical _____ Contract Labor _____ Service _____

Other: _____

Terms:

Discount % _____ Days to Discount _____ Minimum Order _____ Days to Net: _____

Vendor Class: Minority Owned _____ Woman Owned _____ Minority-Woman Owned _____

Purchase Order Delivery Method: E-Mail: _____ FAX: _____ Regular Mail: _____

Contact Information:

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Business Website: _____

NOTE: This document must be included with your completed W-9 Form in order to be set-up as a City of Springfield Vendor. Mail or fax completed forms to the Office of Procurement. Thank you.