NEW VENDOR INFORMATION FORM

TO BE COMPLETED BY VENDOR OR DESIGNEE

This form is required to establish a relationship with any new vendor. Payments will not be processed unless this form and all required documentation is submitted and approved.

NAME OF VENDOR	
REMIT ADDRESS	
CONTACT NAME	
PHONE NUMBER	EMAIL
employee of the City in exchang Vendor may not employ any Ci	wledges that no payment was made to the City, City official, officer, or see of a sales or other type of business arrangement. Ity official, officer or employee in the performance of the Services or say any official, officer or employee of City have a financial interest in
this Vendor that would violate C hereby warrants that it is not no agent, appointee, or official of C	california Government Code §1090 et seq. Vendor and its employees ow, nor has it been in the previous twelve (12) months, an employee, city. If Vendor was an employee, agent, appointee, or official of City in endor warrants that it did not participate in any manner in the forming
AUTHORIZED SIGNATURE OF	· VENDOR:
DATE:	
Finance Department Ap	proval:
Date	Vendor #