METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY, TENNESSEE

SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: **METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY**
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS
700 2nd Avenue South Suite 310
PO Box 196301
NASHVILLE, TENNESSEE 37219-6301
FAX TO: (615) 880-1727

FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP / PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED IN YELLOW

To be completed by Metro department requesting setup

DEPARTMENT: _____ Contact Name:: _____

Phone _____ Date _____

Select appropriate setup type: New _____   If Change to existing Supplier, list # _____

Describe the nature of the transaction:

ADDRESS INFORMATION

PLEASE TYPE OR PRINT   (*Address where correspondence etc are to be mailed*)

NAME _____

ADDRESS _____

_____

CITY _____ STATE _____ ZIP CODE _____ - _____

PHONE _____ - _____ - _____   FAX _____ - _____ - _____

COUNTY _____ E-MAIL ADDRESS: _____

W9 TAX INFORMATION complete or attach hand signed W9*

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER (*Select one code and fill in ID # information*)

- ☐ Individual or Sole Proprietor   Social Security # _____
- ☐ Non Corporation   Federal Tax Id # _____
- ☐ Corporation (except Medical/Legal)   Federal Tax Id # _____
- ☐ S Corporation (except Medical/Legal)   Federal Tax Id # _____
- ☐ Partnership or Medical/Legal Corporation   Federal Tax Id # _____
- ☐ Trust/estate   Social Security # _____
- ☐ Limited Liability Company   Federal Tax Id # _____   Type _____
- ☐ Other _____   Federal Tax Id # _____

Box 1	Box 6	Box 7	Box 14	
Type of 1099 to be issued:	Rent	Medical	Non Emp Compensation	Attorney	Not applicable

* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a $50 penalty. *

SIGNATURE

SIGNATURE: _____ DATE: _____