



# CENTRAL PIERCE FIRE & RESCUE

17520 22<sup>ND</sup> Avenue East  
Tacoma, WA 98445-4444

For Information call 253.538.6400 - Fax: 253.538.6440  
or E-mail: Vcarlsen@centralpiercefirer.org

## Accounts Payable Vendor/W-9 Update Form

To add your business to our vendor file, or update information, please complete this form and mail or fax to the information above. Submittal of this information does not guarantee the City will place an order with your business. The approved vendor list will be reviewed periodically for relevancy. It is the vendors' responsibility to update this information as it changes.

<b><u>Business Information</u></b>	(for office use only) VN# _____		
Business Name: _____			
Contact Name: _____			
Billing Remittance Address: _____			
Ordering Address (if different): _____			
Phone #: ( ) _____	Fax#: ( ) _____	E-mail: _____	
Person to contact concerning bids and contracts: _____			
	Name	Capacity	Phone
Customer References (Municipalities Preferred): _____			
_____			

<b><u>Business Type (Please Check One)</u></b>	
Corporation	<input type="checkbox"/> _____ Federal ID# (9 digits)
Partnership	<input type="checkbox"/> _____ Federal ID # (9 digits)
Government Agency	<input type="checkbox"/> _____ Federal ID # (9 digits)
Non-Profit	<input type="checkbox"/> _____ Federal ID # (9 digits)
Sole Proprietor	<input type="checkbox"/> _____ Federal ID # (9 digits)
What is the official name registered with the I.R.S. for the above number? _____	
If you are not a corporation, is your business subject to 1099 reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>State of Washington U.B.I. #</b> _____
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<b>Will you provide supplies or services to Central Pierce Fire &amp; Rescue?</b> <input type="checkbox"/> Supplies <input type="checkbox"/> Services
<b>What Products or Services will you provide for Central Pierce Fire &amp; Rescue (General Categories are acceptable):</b>
_____
_____