



City of Boston Vendor Information Form

***Check One:**

☐ New Vendor ☐ Vendor Update

***Doing business with:**

☐ City of Boston ☐ Boston Public Schools

If Registered as a COB Vendor, Provide Vendor Number _____

*Vendor Name (as shown on IRS return): _____
(If Individual Enter: First Name, Middle Initial, Last Name)

Business name, if different from above: _____

*Street Address: _____

*City, State and ZIP Code: _____

Phone Number: () _____ Extension: _____ Fax: () _____

Website: _____

Business Email: _____

*Taxpayer Identification Number: _____ Dun & Bradstreet (DUNS) #: _____

*Required Fields

Vendor Classification (Check appropriate box and fill out all that apply)

* ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other

Additional Vendor Classification (Check all that apply)

☐ Minority Business Enterprise (MBE) ☐ Women Business Enterprise (WBE) ☐ Non-Profit ☐ City of Boston Employee ☐ Small Business Enterprise ☐ Small Local Business Enterprise

☐ Emerging Small Business ☐ Women-Owned Business ☐ Veteran ☐ Disabled

If you checked Minority and/or Women Enterprise above, indicate if the firm has either of the Certifications below.

☐ State Office of Minority Women Business Agent (SOMWBA) ☐ City of Boston MWBE Certification ☐ Other _____

LOCATION INFORMATION INSTRUCTIONS

- For each company location, check the functions that apply. Each location can have from one to three functions as described below:
 - Check Ordering if goods/services are ordered from this location.
 - Check Invoicing if invoices are sent from this location.
 - Check Remitting if payments are received at this location.
- For each Location, identify up to two contacts. Identify a Type (A/R, A/P, Management, etc.) for each contact.

Location #1: ✓ which apply ☐ Ordering ☐ Invoicing ☐ Remitting

Name (if different than Vendor Name above):

Address 1:

Address 2:

City, State and Zip Code:

Enter the contact(s) for Location #1:

Name1: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Name2: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Location #2: ✓ which apply ☐ Ordering ☐ Invoicing ☐ Remitting

Name (if different than Vendor Name above):

Address 1:

Address 2:

City, State and Zip Code:

Enter the contact(s) for Location #2:

Name1: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Name2: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Location #3: ✓ which apply ☐ Ordering ☐ Invoicing ☐ Remitting

Name (if different than Vendor Name above):

Address 1:

Address 2:

City, State and Zip Code:

Enter the contact(s) for Location #3:

Name1: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Name2: _____

Title: _____ Type: _____

Tel: () _____ Extension: _____

Fax: () _____ Email: _____

Complete the box below to elect to receive Purchase Orders by email. If the firm does business with BOTH City of Boston Departments and the Boston Public Schools identify and email contact and address for both.

City of Boston: Electronic Purchase Order Distribution (fill in the names and emails where PO's are to be emailed)

Primary Name: _____ Secondary Name: _____

Primary Email: _____ Secondary Email: _____

Boston Public Schools: Electronic Purchase Order Distribution (fill in the names and emails where PO's are to be emailed)

Primary Name: _____ Secondary Name: _____

Primary Email: _____ Secondary Email: _____

Excluded Parties List System

The Excluded Parties List System (EPLS) included information regarding entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts and certain Federal assistance and benefits.

The City of Boston cannot enter into a business relationship with entities currently under investigation or reported on EPLS.

Log onto <http://www.epls.gov/> and follow the steps below to confirm that you are not on the Excluded Parties List:

- Select "Advance Search" on left margin
- Enter full name of Client's company and click "Search" found in bottom of page
- Results should state "Your search returned no results."

☐ **By checking this box, I certify that I am not debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from doing business with the City of Boston.**

W-9 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. person (including a U.S. resident alien).

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.

Sign Here	Signature of U.S. person	Date
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