



VENDOR INFORMATION FORM

COMPANY INFORMATION

Name of company as shown on W-9: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person(s): _____

Telephone Number: _____ Extension: _____ Fax No: _____ E-Mail: _____

Contacts for Purchase Orders:

Contact Person(s) for Purchase Orders: _____

Telephone Number: _____ Extension: _____ Fax No: _____

Primary/Secondary E-Mail for Purchase Orders (**Required**): _____ Secondary: _____

PRODUCT/SERVICE CATEGORY

What Product or Service does the company provide? _____

VENDOR PAYMENTS

DC Water *vendor payments* are made via **Automated Clearing House (ACH)**. Please enroll online at www.paymode.com/dewater. If you already have an existing business relationship with Paymode-X, please contact them at 1-877-443-6944 to establish your payment link with DC Water. Please **do not send your ACH or Wire information** to DC Water.

Tax ID Information (Must be completed and returned with your signed W-9 Form)

Taxpayer Identification and Certification (W-9) number: _____ (If Social Security Number, leave blank)

FEDERAL TAX INFORMATION: (Select applicable box below)

Individual / Sole Proprietor or single-member LLC C Corporation S Corporation Partnership Trustee/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

CERTIFICATION INFORMATION (Please select the appropriate certifications and include a copy with this form, if applicable)

LOCAL & SMALL BUSINESS CERTIFICATION

MINORITY BUSINESS CERTIFICATION

Select and provide Certification number (s):

Certification number: _____

District of Columbia _____

Minority Business Enterprise

GSA Disadvantaged Business Enterprise

Fairfax County _____

Federally Funded

Enterprise Zone

Montgomery County _____

Local Business Enterprise

Open Market

Prince George's County _____

Small Business Enterprise

Open Market with Preferred Points for

Loudon County _____

Women Business Enterprise

Certified Local and Small Business

For Vendor Use only (Required):

Form Completed By (Name/Title): _____ **Signature** _____

Phone: _____

Email: _____

Date: _____