



# CITY OF WESTFIELD

City of Westfield  
Purchasing Department  
59 Court Street  
Westfield MA 01085

## Dept making request \_\_\_\_\_ VENDOR ADDITION REQUEST

(413) 572-6254  
(413) 572-1708 Fax

Please print or type all responses in black or blue ink  
A sample invoice must accompany this form. A completed W9 must accompany this form

**VENDOR NUMBER** (City use only)

NAME  
(as it would appear on check) \_\_\_\_\_

D/B/A \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MAIN TELEPHONE NUMBER \_\_\_\_\_

MAIN CONTACT NAME  
(if applicable) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(and / or)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CORPORATION (circle one) YES NO \*\* C-CORP MUST RECEIVE 1099-M

VENDOR TYPE (check one)

- |                                                 |                                             |                                            |
|-------------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Office Supplies   |
| <input type="checkbox"/> Boiler services        | <input type="checkbox"/> Legal Services     | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Construction Services  | <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Employee          |
| <input type="checkbox"/> Copy Machine Services  | <input type="checkbox"/> Plumbing           |                                            |
| <input type="checkbox"/> Electrical             | <input type="checkbox"/> Printing Services  | Other: _____                               |
| <input type="checkbox"/> HVAC                   | <input type="checkbox"/> Publishing         |                                            |

MA STATE AWARD CONTRACTOR (circle one) YES NO

CONTRACT NO. & YEAR APPLICABLE \_\_\_\_\_

APPLICABLE LICENSES OR CERTIFICATIONS (electrical, plumbing, HVAC, SOMWBA, etc)

Attach copy of any licenses or certifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY USE ONLY**

Alpha Sort order _____	1099 Default	Int	Misc	Ret	Sale					
Geographic	Wfld	Loc	In	Out	Status	Act	Temp	Stop	Inact	Payroll Emp # _____