

Douglas County Finance Department

New Vendor Information Form



GENERAL BUSINESS INFORMATION

Legal Business Name, Proprietor's Name or Individual's Name:	
Doing Business As (DBA):	
Remittance Mailing Address:	
City/State/Zip Code:	
Physical Address (if different):	
City/State/Zip Code:	
Business Category:	<input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Professional Services <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional Services Consultant <input type="checkbox"/> Supplier <input type="checkbox"/> Other (Specify Below)
Business Type/Service(s) Brief Description:	
Contractor's (CSLB) License Number: <i>(if applicable)</i>	

CONTACT INFORMATION

Contact Name:	
Office Number:	
Fax Number:	
Cell Number:	
Email Address:	
Company Website Address:	

FEDERAL TAX ID # AND BUSINESS LICENSE

Federal Tax ID Number:	
Business License Number <i>(if applicable)</i> :	

Authorized Signature

Date

Name and Title *(Printed)*