



VENDOR SETUP FORM - NEW VENDORS

Submit to: purchasing@eaglepasstx.us or fax 830-773-2730
For questions call 830-773-1111

Section A - Vendor Type Information (select one category for each):

Type of Purchase (*required*) Materials/goods Services Combination of goods and services Other

Section B - Vendor General Information:

Vendor name _____

Business name (if different) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Remit to (address for payment remittance): _____

City _____ State _____ Zip Code _____

Business Phone _____ Toll-free Number _____ Fax _____

Email: _____

Section C - Description of Goods and/or Services

Section D - Historically Underutilized Business (HUB)/Federal Business Special Classifications:

Federal business classifications:

Certified by SBA as a small disadvantaged business

Minority owned small business (other than woman)

Certified by SBA as a HUBZone small business

Veteran owned small business

Woman owned small business

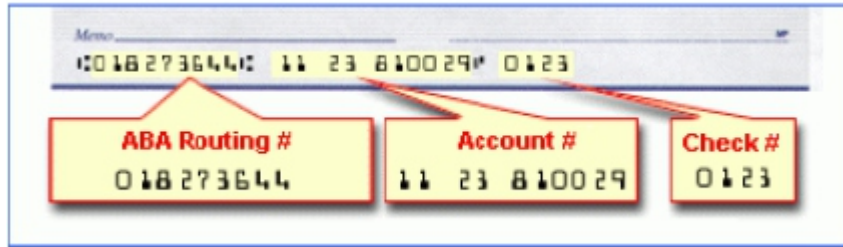
Large business or not-for-profit

Texas HUB Classification:

Texas certified HUB HUB Number _____

Under 15 U.S.C. (d), any person who misrepresents its size status shall (1) be punished by fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Section E - Payment Account Information (for US financial institutions only) *Completion by financial institution is recommended*



Financial institution name _____

Routing number (nine digit code) _____ Account Type Checking Savings

Account number _____

Section F - Authorization for Direct Deposit and Advance Payment Notification Setup for City of Eagle Pass (Required for direct deposit)

I hereby authorize the City of Eagle Pass to deposit by electronic transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The City of Eagle Pass shall deposit the payments in the financial institution and account designated above. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the City of Eagle Pass policies about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature (Required) _____

Printed name _____ Date _____

E-mail (required for direct deposit) _____

By providing an e-mail address, I authorize a notification email be sent of all payment transfers made to my account.

Instructions for preparing the Vendor Setup Form for New Vendors

Section A - Vendor Type Information:

Type of Purchase: Vendor shall identify if they provide tangible goods, services, or a combination of both.

Section B - Vendor General Information: Provide the vendor's basic information so that it may be entered in to the vendor system. Please note that the Vendor name and Tax ID are required information items. **Remit To:** provide an alternate address for remittance of payments if direct deposit is not utilized.

Section C - Description of Goods and/or Services: Provide a detailed description of the goods and services provided by your company.

Section D - Historically Underutilized Business (HUB)/Federal Business Special Classifications: Identify any special classifications that the vendor holds. Please identify all federal classifications (more than one classification may apply). If the vendor is qualified as a State of Texas Historically Underutilized Business (HUB), please provide the HUB number.

Section E - Payment Account Information: Completion by financial institution is recommended. **Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. **Note:** A prenote test may be sent to your financial institution for the account information entered into the system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Section F - Authorization for Direct Deposit and Advance Payment Notification Setup for the City of Eagle Pass (Required for direct deposit): Provide the contact name, date, and e-mail to which payment notifications are to be sent for direct deposits. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit. Once this form is completed and signed, please submit this form along with your IRS Form W-9 to the Purchasing Agent at City Hall, fax to 830-773-2730, or e-mail to purchasing@eaglepasstx.us.