

# Allegheny County Vendor Creation Form

Controller's use only:  
Supplier No. \_\_\_\_\_  
1099 Eligibility:  Yes  No

Add  Change Supplier No. \_\_\_\_\_

## Company Information

## Federal Tax ID (TIN)

Company Name (Please type or print) \_\_\_\_\_

W-9 must be submitted

### (Required Information)

#### Type of Service Provided

#### Type of Commodity Provided

(Please Describe)

- Independent Contractor
- Maintenance/Service Agreement
- Insurance
- Personal Reimbursement
- Other (Please list) \_\_\_\_\_

- Rent \_\_\_\_\_
- Care Giver \_\_\_\_\_
- Legal \_\_\_\_\_
- Medical \_\_\_\_\_

### (Required Information)

#### Minority Owned

Yes  No

If Yes

MBE

DBE

WBE

Veteran-Owned

Certified By: \_\_\_\_\_ (Attach copy of Certification)

## Industry Classification by NAICS Code

Primary Industry \_\_\_\_\_

Secondary Industry (if applicable) \_\_\_\_\_

\*If code is not known go to <https://www.census.gov/naics/> and select the correct code.

## Supplier Information (Search Type "P") – (Where PO should be sent to place order.)

(Please type or print)

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address Line 1 \_\_\_\_\_ Fax Number \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**(Required Information)**

**Supplier/Remit To Information (Search Type "V")** - (Where check will be mailed for payment. Check **must** be made payable to exact name listed under TIN provided or check cannot be processed)

Supplier/Payee Name \_\_\_\_\_  
(Please type or print)

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

\*If the "remit to" information provided on form does not match invoices submitted for payment, the Controller's Office **must** contact supplier to verify address information before payments are processed. Thank you for your cooperation.

If the department you do business within Allegheny County is know providing the information below will help in the processing of your payments. Failure to include the information may result in processing delays.

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<b>Allegheny County Departmental Contact</b>	<b>Supplier/Payee Contact Name</b>
Name _____	Name _____
Telephone No _____	Telephone No _____
Fax No _____	Fax No _____
E-Mail Address _____	E-Mail Address _____

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