

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

- ☐ Independent Contractor
- ☐ Maintenance/Service Agreement
- ☐ Insurance
- ☐ Personal Reimbursement
- ☐ Other (Please list) _____

Type of Commodity Provided

(Please Describe)

- ☐ 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 <http://www.census.gov/epcd/naics/naics3dx.htm#N54> 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.

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