

**City of Northport, Alabama  
Vendor Information Form**

Accounts Payable  
P.O. Box 569  
Northport, Alabama 35476  
  
Phone (205) 339-7000  
Fax (205) 333-3046  
  
accountspayable@cityofnorthport.org



**FOR OFFICE USE ONLY**

Vendor #: \_\_\_\_\_

**NOTE: PAYMENT WILL BE HELD UNTIL FORM IS RETURNED AND YOU HAVE A  
NORTHPORT BUSINESS LICENSE IF REQUIRED.**

*Invoices MUST be remitted to the above address. Failure to do so may result in late payment.*

*Federal law requires us to obtain a valid taxpayer identification number (TIN) for each person or entity to whom the City makes a reportable payment. Complete this form and return it via mail, email, or fax.*

**Name as registered with the IRS:** \_\_\_\_\_  
*Name as it appears on your Social Security card of SS-4 application*

**DBA (doing business as):** \_\_\_\_\_  
*Business name if different from individual or parent company name*

**Taxpayer Identification Number:** \_\_\_\_\_  
*Enter your 9-digit number that corresponds to the name entered above. For individuals, this is your social security number. For other entities, it is the employer identification number assigned by the IRS. A completed W-9 is required.*

**Type of Entity for IRS Tax Filing Purposes:**

- Sole Proprietor     Partnership     Corporation     Limited Liability Company  
 Tax Exempt Entity (list type): \_\_\_\_\_  Other (Specify): \_\_\_\_\_

**Physical Address:**  
Street: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Remit to Address:**  
Street: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

**Does your business require a City of Northport Business License?                      Yes                      No**

**If yes, please list your business license number:** \_\_\_\_\_

**Will you be subcontracting any work on this Northport job?                      Yes                      No**

*If you are unsure if you need a license, please call the Revenue Department at (205) 339-7000 for assistance.*

**Certification:** Under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number, and (2) the above information is true and without error to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_