



# Vendor Registration Form

Please complete and return to:  
e-mail **Purchasing@cityofmarion.org** OR  
City of Marion – Finance Dept.  
1225 6<sup>th</sup> Avenue, Suite 170, Marion, IA 52302  
Phone: 319-743-6350  
Fax: 319-377-7892

## General Information:

Business/Individual Name:

Must match W-9 - check will be payable to this person/business

Contact Name:

Address 1:

Address 2:

City/State/Zip:

Telephone:

Fax:

Website:

Email Address:

Federal ID/SSN:

What service or product will be provided:

What department will you primarily be working with:

Attach a completed and current dated W-9 form:

## Remittance Information: (Check will be mailed to this address)

Address:

City/State/Zip:

Invoice Terms (Must be > or = Net 30):

If the City offered any of the following, would you be interested? (check all that apply)

ACH (automatic clearing house)	Yes	No
Credit card payment	Yes	No
Virtual card payment	Yes	No

Required Authorized Signature: \_\_\_\_\_ Current Date:

### Payment will not be processed until:

- \* Vendor Registration Form (above) is completed
- \* Completed, current dated, and signed W-9 is received
- \* Invoice is received
- \* Where applicable, contract is signed