



VENDOR CERTIFICATION FORM

Name of Business: _____

DBA Business Name: _____

Remittance Address: _____

City/State/Zip Code: _____

Accounting Contact Name: _____ Telephone Number: _____

Email Address: _____

Has any federal or state agency ever made a finding of noncompliance with relevant civil rights requirements with respect to your company? Yes No *If yes, please attach explanation.

Does your business have any relationship to the Town of Prescott Valley (i.e. able to influence business policy, employee, relative of employee)? Yes No *If yes, please list name: _____

Has your company ever been suspended or excluded from any Town purchasing for any reason?
 Yes No *If yes, please attach explanation.

If you would like to sign up for automatic payments, please complete the bank information below (checking accounts only).

Note: First payment will be issued as a check.

Financial Institution Name: _____

Routing / ABA Number: _____ Account Number: _____

I hereby authorize the Town of Prescott Valley (the Town) to initiate credit entries (deposits) and, if necessary, debit entries and adjustments for any credit entries made in error to your account listed above. The authority is to remain in full force until the Town receives written notification from the vendor of its termination in such time and such manner as to afford the Town and the financial institution a reasonable opportunity to act on it. I hereby certify that the account number and the routing/ABA number listed above are correct and indemnify the Town against loss and damage from delayed payments resulting from incorrect or incomplete account and/or routing/ABA numbers.

Vendor Statement: I hereby certify that this form is completed to the best of my knowledge and belief. If any of the information on this form changes, it is the vendor's obligation to contact the Town with the corrected information.

Authorized Signature: _____ Date: _____

Print Name and Title: _____

Vendor Certification Form must be accompanied by a completed W-9.

OFFICIAL USE ONLY

Vendor Number: _____ Date: _____ Initials: _____