

CITY OF DICKINSON MERCHANT & SUPPLIER SET-UP FORM

Business Name _____

DBA (if different) _____

Mailing Address (where you would like payments sent)

Street Address or PO Box

City & State & Zip Code

Service Address/Physical Address

Street Address

City & State & Zip Code

Billing / Accts Receivable Contact Name _____

Billing Contact Phone # _____

E-mail Contact _____

TAX ID (SSN or EIN) _____ *(ATTACH W-9 FORM)

Type of Company: ___ Sole Proprietor ___ Partnership ___ LLC ___ Corporation ___ Nonprofit
___ Government Agency

Primary Product or Service Offered _____

***A W-9 Form is also required to complete set-up and receive your payment**
