

**CITY OF KENNER NEW VENDOR INFORMATION SHEET**

"PLEASE PRINT OR TYPE"

\_\_\_\_\_  
VENDOR'S FULL NAME

\_\_\_\_\_  
LOCATION ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE  
( )  
TELEPHONE NUMBER

\*\*\*\*\*

\_\_\_\_\_  
MAILING ADDRESS (WHERE P.O.'S ARE TO BE MAILED)

\_\_\_\_\_  
CITY STATE ZIP CODE

\*\*\*\*\*

\_\_\_\_\_  
REMIT ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\*\*\*\*\*

\_\_\_\_\_  
CONTACT PERSON TELEPHONE NUMBER ( )

\_\_\_\_\_  
FEDERAL TAX I.D. NUMBER OTHER NUMBERS (FAX, TOLL FREE, ETC.)  
( )  
( )

LIST, IN GENERAL, COMMODITY OR SERVICE PROVIDED:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

TO BE COMPLETED BY CITY CHECK LIST  
1ST NOTICE   
2ND NOTICE   
1099 REQUIRED   
W-9 REQUIRED

\_\_\_\_\_  
CC AGENTS CORPORATION VENDOR NUMBER DATE NEW VENDOR ENTERED

YES NO

COMPLETED BY: \_\_\_\_\_