



City of Battlefield
5434 S Tower Drive
Battlefield, MO 65619
Phone 417-883-5840
Fax 417-883-8189
www.battlefieldmo.gov

VENDOR VERIFICATION FORM

Must complete and mail to address above in order to be added to approved vendor list

Legal Name of Company (as recorded with the IRS) _____

Owners/Partners of Company _____

Street Address (required) _____ City/State _____ Zip _____

Mailing Address _____ City/State _____ Zip _____

Business Phone _____ Fax _____

Years in Business _____ Incorporated: Yes _____ No _____

Type of Merchandise/Service Business Provides _____

Are you or a family member employed by the City of Battlefield? Yes _____ No _____

If yes, name of employee _____ Relationship: _____

Will Accept Purchase Orders Yes _____ No _____

Customer References (list two)

Customer	Address	Contact	Phone #

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YOU WILL NOT BE ADDED TO THE CITY OF BATTLEFIELD APPROVED VENDOR LIST WITHOUT W-9 INFORMATION

Per IRS regulations, the City must have a W-9 on file for every vendor. A copy of the Form W-9 is available on the IRS website at www.irs.gov/pub/irs-pdf/fw9.pdf.

Tax Identification Number

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____ Social Security Number

____ Employer Tax Identification Number

To Be Completed by City of Battlefield Finance Department

Date Received _____ Approved _____ Not Approved _____

Verification Completed By _____ Date _____