



New Vendor / Vendor Update Information Form

Finance Department, General Services Division

For City Use Only	
Vendor Code	_____
Rec'd	_____
LBE	_____

Instructions:

- New vendors must complete all fields.
- To update existing vendor information, please provide your Business Name, Tax Identification Number, and any updated information.
- All submissions must be certified by an officer of the vendor company.
- Please type or print clearly in ink.

Business Information

Business Name: _____ Year Est.: _____ Number of Employees: _____

Name (same as on your Income Tax return): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____ CA State Sales Permit No.: _____

Tax Identification Number (select one): _____ Federal Tax I.D. Number (EIN): _____

Social Security Number (SSN): _____

State Tax I.D. Number: _____ City of Berkeley Business License Number: _____

Prompt Payment Discount: _____ % Number of Days: _____ Net: _____ Days: _____

Please check if business qualifies for the City's "Buy Berkeley" local bidding preference (5% below \$25K on goods and non-professional services). The business must have a fixed office or distribution point within the City and a City Business License.

Important: Identify the products and supplies your firm intends to supply to the City, as listed on the following pages.

Ownership Type (please select one option)

Sole Proprietor, LLC, C Corp, S Corp, Partnership, Nonprofit, or Other (specify) _____

Payment Method (please select one option)

Checks (complete all fields if selected)

Payable-To Name: _____

Remit-To Address: _____ City: _____ State: _____ Zip: _____

Electronic Payment (complete all fields if selected)

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Bank Phone Number: _____

Name on Account: _____

Account Number: _____

Routing Number (ACH Transfers Only): _____

Certification

Under penalty of perjury, I certify that all information provided, including taxpayer identification number(s), is correct.

Name of Company Officer(print): _____ Phone: _____

Signature of Company Officer: _____ Date: _____

Please note: If no business activity is conducted within a one-year period, your account will be deactivated.

2180 Milvia Street, 3rd floor, Berkeley, CA 94704 Tel: 510-981-7320 TDD: 510-981-6903 Fax: 510-981-7390

Web: [Information for Vendors | City of Berkeley](#) E-mail: finance@berkeleyca.gov

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