TOWN OF ORCHARD CITY, COLORADO

Vendor Application

Please Mail or Fax Completed Application To:

Town of Orchard City Accounts Payable
9661 2100 Road
Austin, CO. 81410
Telephone Number: (970) 835-3337
Fax Number: (970) 835-3330
Email: finance@kaycee.net

- Print neatly in ink or type.
- If you have any questions or need assistance, please contact Accounts Payable at (970)-835-3337.

Vendor Information			
Company Name:			
DBA: (Doing Business As - Use only if applicable)			
Address:			
City:		State:	Zip:
Telephone:	Fax Number:	Email:	

All vendors who provide services/or goods to the Town are required to provide a taxpayer identification number (TIN).

Employer Identification Number:	Social Security Number:

Certification: I hereby certify that all statements made in this application are true and complete to the best of my knowledge and I understand that misrepresentation of material facts will cause forfeiture of my rights to do business with the Town.

Authorizing Person:	Title:	Date:
Signature:		

For Town Use Only	
Vendor Number:	W-9 Furnished: Yes or No (circle one)
If a Certificate of Liability required, please attached to this application.	