



Vendor Setup Form

New
 Modified

<u>Company Information</u>	
Company Name <i>(as listed on W-9 / W-8 for foreign entities)</i>	Your Name
Address <i>(as listed on W-9 / W-8 for foreign entities)</i>	Your Address
City, State, Zip Code	Your City, State, Zip Code
Company Main Phone Number	(402) 123-4567
Company Website	
Company TIN or SS # for individuals	123456789 Your Social Security Number
Federal Tax Classification	Individual <input type="checkbox"/>

<u>Type of Business</u>	
Description of products sold or services provided	Sports Official

<u>Contact Information</u>	
Accounts Receivable Contact Name	
Accounts Receivable Contact Phone Number	
Accounts Receivable Contact E-Mail Address	
Accounting Manager Contact Name	
Accounting Manger Contact Phone Number	
Accounting Manager Contact E-Mail Address	

<u>Payment Remittance Information</u>	
Payment Remittance Company Name	If different from above
Payment Remittance Mailing Address	If different from above
City, State, Zip Code	If different from above
Payment Remittance E-mail Address	Your Email Address

<u>EFT Payment Bank Details</u>	
<i>For expedited payments</i>	
Bank Name	Your Bank Name
Bank Address	Your Bank Address (City/State)
Name on Bank Account	Account Holders Name
Routing Number	111111111 First set of numbers on check
Account Number	22222222222 Second set of numbers on check
Account Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/> ← Select One

* Please include a copy of your W-9/W-8 and either a voided check or a letter from your bank with EFT information. *
 W-9/W-8 not needed for reimbursements

Form Completed By:	Your Signature
Date:	Today's Date

Submit completed form and documents to: Accounting@lincoln.ne.gov Form Updated August 2022