



# CITY OF ANN ARBOR, MICHIGAN

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## New Vendor Registration

Entity Legal Name: \_\_\_\_\_

DBA (as applicable): \_\_\_\_\_

Federal Tax ID or SSN: \_\_\_\_\_

Vendor Type (Goods / Services / Both): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Remit Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*I understand this form is for informational purposes and not a guarantee of future business.  
I certify that I am authorized to complete this application and all information is accurate.*

Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Date signed: \_\_\_\_\_