



Vendor Application

Submit 1) Application 2) Your Current W-9

Fax Number: 417-889-2547
Phone: 417-883-5366
E-mail: businessoffice@thelibrary.org

Or mail to:
Springfield-Greene County Library District
4653 S. Campbell Ave.
Springfield MO 65810

Date: _____
Firm Name: _____
Firm Rep/Agent: _____
Street Address: _____
PO Box: _____ City: _____ State: _____ Zip: _____
Contact: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
Emergency Contact: _____ Phone: _____

(Check one)

- Corporation:
- Partnership:
- Individual/Sole Trader:
- Foreign Entity: (if Foreign Entity, must submit appropriate W-8)
- LLC: D (Disregarded Entity)
 C (Corporation)
 P (Partnership)

(Fill in the appropriate information)

Federal ID Number ____ - ____ - ____ - ____ - ____
-OR-
Social Security Number ____ - ____ - ____ - ____ - ____
Disadvantaged Business Enterprise: Yes No
Women's Business Enterprise: Yes No
Minority Business Enterprise: Yes No
Springfield / Minorities in Business: Yes No

Number of years in business: ____
Registered as a Small Business (SBA): Yes No
Registered to do business in the State of Missouri: Yes No

REMIT TO:

Firm Name*: _____
Street Address: _____
PO Box: _____ City: _____ State: _____ Zip: _____
Phone: _____

**NOTE: If REMIT-TO name differs from INQUIRY/ORDER name, attach explanation.*



COMPANY TYPE

- Broker
- Contractor – Construction
- Contractor – Services
- Distributor
- Manufacturer
- Sales Representative
- Wholesaler
- Other _____

PRODUCT OR SERVICE CATEGORY

- Canopy/skylight/windows
- Carpet/Flooring (sales)
- Carpet Cleaning
- Insurance Agents
- IT/ Phones
- Janitorial Services
- Lawn Care Services
- Presenter / Performer
- Other _____

For questions, call (417) 883-5366

List related companies and their relationships (i.e. parent, subsidiaries, sales representatives, manufacturers, etc.):

List products and/or services that the company provides:

As applicant or authorized agent, I hereby state that the information contained herein is true and correct to the best of my knowledge.

Submitted by: _____

Print Name: _____

Title: _____

Date: _____ *(Note: W9 must be submitted with this application)*

The Springfield-Greene County Library District reserves the right to issue orders to only those vendors who have a vendor application on file. Additional information may be needed prior to an award. The Springfield-Greene County Library District looks forward to establishing a successful relationship with you and thanks you for the information.