



Small Community • Big Possibilities



ADMINISTRATION DEPARTMENT

NEW VENDOR APPLICATION/UPDATE FORM
Commercial or Service Vendor

Commercial or Service Vendors wishing to do business with the Village of Los Lunas must submit this form along with a completed W9 form. ***This form and all supporting documents must be provided before an approved purchase order can be issued for services or purchases.*** Vendors are responsible for providing the Village Finance Department with updates to addresses, contact names, phone numbers, invoicing changes, sale or closure of business, or deactivation requests. ***Failure to do so could result in delayed payments and/or tax documents when applicable.***

Please submit form to our Procurement Coordinator via email: mannst@loslunasnm.gov

Request for:

New Vendor Update

Vendor Number (If Current Vendor) _____

Vendor Name (as it appears on tax documents)

DBA (if different from above)

Mailing and Physical Address

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Phone Number: **Cell Number:**

E-Mail Address: **Website:**

If known, Village Employee/Department requesting services or Products

Accounting or Remit to Contact (if different from above)

Contact Name: _____ Company: _____

Do you accept ACH payments? No Yes
If yes, please complete attached ACH Authorization Form

Payment Terms: _____

Remit to Address

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

A Village issued PO number must be referenced on all invoices to ensure timely payment.
REFERENCING AN EMPLOYEE NAME IS NOT AN ACCEPTED PO NUMBER!

Are you a Veteran Owned Business? Yes No

Vendor Must Provide If Applicable:

NM Tax and Revenue CRS Number: _____

Check box if an out of state vendor without a NM CRS Number

Sam.gov (UEI) Number: _____

Government Contract/Price Agreement: _____

Contract Period: _____
(you must provide a copy of the agreement with this application)

YOU MUST ATTACH YOUR CURRENT VERSION IRS W-9 FORM TO THIS APPLICATION

Vendor Signature

Date Submitted

Printed Name

Title

For Finance Department Use Only

New Vendor (with completed and signed W-9)

Vendor Type: Standard Payroll

Received completed application? Yes No

Received completed W9 form? Yes No

TIN Match Successful? Yes No
(Print and scan confirmation into vendor file)

Is vendor in good standing with SAM.gov? Yes No
(Print and scan confirmation into vendor file)

Rating with Better Business Bureau: _____

Vendor Number: _____ **Date Received:** _____

Authorized Signature	Date Completed
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Authorization Agreement

For Automatic Deposit (ACH Credits)

I hereby authorize the Village of Los Lunas to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below:

Financial Institution: _____

Transit/ABA Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Vendor Name: _____

Vendor Address: _____

Vendor Social Security Number/TIN: _____

This authorization is to remain in full force until the Village of Los Lunas has received written notification from me (or either of us) of its termination in such a timely manner as to afford the Village of Los Lunas and our financial institution a reasonable opportunity to act on it.

Signature

Date

****A "voided" check or savings deposit slip must be attached****

Address Change Form

****FOR ADDRESS CHANGES ONLY****

Type of change: Physical Address:

Remit to address:

Address:

City:

State:

Zip: