



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](mailto:mannst@loslunasnm.gov)

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**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**

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: