

**CITY OF SPRINGFIELD OFFICE OF PROCUREMENT  
36 COURT STREET – CITY HALL, ROOM 307  
SPRINGFIELD MA 01103  
PHONE (413)787-6284  
EMAIL TO: VENDOR REQUESTS**

**VENDOR MAINTENANCE FORM**

BUSINESS NAME (as appears on W-9): \_\_\_\_\_

D/B/A: \_\_\_\_\_

CURRENT/FORMER CITY EMPLOYEE \_\_\_\_\_ YES or No \_\_\_\_\_ Employment end date: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ or SS#: \_\_\_\_\_

REMIT TO: Business Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PURCHASE ORDER DELIVERY METHOD: please check preference  Email  Mail

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TYPE OF SERVICE PROVIDED TO CITY:

Contract Labor \_\_\_\_\_ Educational \_\_\_\_\_ Medical \_\_\_\_\_ Service \_\_\_\_\_

Supplies \_\_\_\_\_ Technology \_\_\_\_\_ Other \_\_\_\_\_

TERMS: Discount % \_\_\_\_\_ Days to Discount \_\_\_\_\_ Minimum Order \_\_\_\_\_ Days to Net \_\_\_\_\_

VENDOR CLASS: Minority-Owned \_\_\_\_\_ Woman-Owned \_\_\_\_\_ Veteran-Owned \_\_\_\_\_

(Please include any supporting W/M/V Certificates with this form)

CONTACT INFORMATION:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Business Website: \_\_\_\_\_

**Please Return:** In order for the City of Springfield to initiate timely payment to all new vendors, a completed Vendor Maintenance Form along with the attached Request for Taxpayer Identification and Certification Form (W-9) must be completed and sent to the Office of Procurement through the **Vendor Requests** Group in Outlook. Vendor-requests [vendor-requests@springfieldcityhall.com](mailto:vendor-requests@springfieldcityhall.com)