

**METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY, TENNESSEE**

SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: **METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY**
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS
700 2nd Avenue South Suite 310
PO Box 196300
NASHVILLE, TENNESSEE 37219-6300
FAX TO: (615) 862-8799

1) TRANSACTION TYPE

PLEASE CIRCLE TYPE OF TRANSACTION:

REFUND

EMPLOYEE

LEGAL CLAIM

GRANT

NCAC PARTICIPANTS MNPS PARENT PENSIONER EX-EMPLOYEE DEBT SERVICE DUES/REGISTRATION

NCAC SUPPORT SERVICES SOCIAL SERVICES ADOPTION ATTORNEY PAYROLL/PENSION LIABILITY EASEMENT

MNPS DEATH BENEFIT PENSIONER MNPS STIPEND Sub-Ledger Use Only

IF TRANSACTION IS NOT LISTED ABOVE, DO NOT USE THIS FORM. CONTACT isupplier@nashville.gov FOR VENDOR REGISTRATION.

2) ADDRESS INFORMATION

PLEASE TYPE OR PRINT

(Address where correspondence etc are to be mailed)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PHONE _____ - _____ - _____ FAX _____ - _____ - _____

COUNTY _____

Employee Number if applicable _____ Vendor Number Assigned *(for Metro use only)* _____

3) TAX INFORMATION*

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER *(Select one code and fill in ID # information)*

C - Corporation (except Medical/Legal) Federal Tax Id # _____

N - Partnership or Medical/Legal Corporation Federal Tax Id # _____

P - Individual or Sole Proprietor Social Security # _____

* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. *

4) SIGNATURE

APPLICANTS SIGNATURE: _____ DATE: _____

DEPARTMENT: Public Works Contact Name: Paul Hiltz

Phone 615-862-8707 Date _____