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 __________________________