

Street Address____

P.O. Box_____Phone/TollFree__

City, State, and Zip Code____

VENDOR APPROVAL APPLICATION

VENDUK APPR	KUVALAP	PLICATION		
Submit this:				
1) Application and				
2) Current W-9 https://www.irs.gov/pub/irs-p	ndf/fw9 ndf			
2) Current W > Inteps:// www.iris.gowpus/iris p	<u> </u>			
То:				
10.				
Carthage Water & Electric Plant		Carthage Water & Electric Plant		
Purchasing	or	Attn: Purchasing		
Email: vendorapp@cwep.com		PO Box 611		
Phone: (417) 237-7300 Fax: (417) 237-7340		Carthage, MO 64836-0611		
Thone. (417) 237-7300 Tax. (417) 237-7340		Cartilage, 1410 04030 0011		
(All information <u>must</u> be completed for your company to be considered an approved vendor.)				
FOR MAILING OF INQUIRIES AND ORDERS				
Fig. No (
Firm Name (as recorded with IRS)				
Firm Rep/Agent				
Address				
P.O. Box				
Contact Name & Phone Number				
Contact Name & Phone Number				
Toll Free Number				
Fax				
Email				
Website				
Emergency Contact & Phone Number		anning or manuscret will be delayed		
* Firm Name must exactly match the name on your invoice or payment will be delayed. ** If you are a sales representative, submit an application signed by manufacturer(s) represented.				
FILL IN THE APP	PROPRIATE INF	EOR MATION		
Check One:	KOTKETTEEN	ORWITTON		
Corporation	Federal ID #	OR		
☐ Attorney	Social Security	y #		
☐ Partnership		Business Enterprise: Yes:No: _		
☐ Individual/Sole Trader		ess Enterprise: Yes:No: _		
☐ Foreign Entity		ness Enterprise: Yes:No: _		
(If foreign entity, must submit appropriate W-8) Small Business (SBA): Yes:No:				
□ LLC: D (Disregarded Entity)		I to do business in MO? Yes:No:		
C (Corporation)		ars in business:		
P (Partnership)	rumoer or yea	aro in oudiness.		
Other				
- Outel				
REMIT PAYMENT TO:				
Firm name				

*If REMIT TO name differs from Inquiry/Order name, attach explanation. Carthage Water & Electric Plant may require additional authorization for payment. *



CARTHAGE WATER & ELECTRIC PLANT

Transportation Terms: CW&EP conducts business F.O.B. Carthage, MO, Prepaid and Allowed

SHIP VIA (select one)Air FreightAir Parcel PostBest WayBusCommon CarrierParcel PostUnited Parcel ServiceCompany Truck	BILLING TERMS (selectNet 30Net 10Net ROINet 15Prepay1% 101% 10 th 2% 10Other	one) COMPANY TYPE (select one) BrokerContractor- ConstructionContractor- ServicesDistributorManufacturerSales RepresentativeWholesalerOther	
List related companies and their manufacturers, etc.):	r relationships (i.e. parent,	subsidiaries, sales representatives,	
List products, areas, and/or services that the company provides:			
Does your company participate in any cooperative purchasing organizations, agreements, or state contracts? If so, please list below.			
Please provide line card and any other information to help us better serve our customers.			
As applicant or authorized agent, I hereby state that the information contained herein is true and correct to the best of my knowledge. Submitted by:			
Print Name:			
Title:			
TO BE COMPLETED BY CARTHAGE WATER & ELECTRIC PLANT			
Purchasing ApprovedNot Approv Date:	ed	Accounts Payable ApprovedNot Approved Date:	
Verification Completed by:		Verification Completed by:	