



VENDOR APPROVAL APPLICATION

Submit the following:

- 1) Application
2) Current W-9
https://www.irs.gov/pub/irs-pdf/fw9.pdf

To: Carthage Water & Electric Plant Purchasing or Carthage Water & Electric Plant Attn: Purchasing
Email: vendorapp@cwep.com PO Box 611
Phone: (417) 237-7300 Fax: (417) 237-7340 Carthage, MO 64836-0611

(All information must be completed for your company to be considered an approved vendor.)

FOR MAILING OF INQUIRIES AND ORDERS

Firm Name as recorded with IRS
Firm Rep/Agent
Address
P.O. Box
City, State, Zip
Contact Name & Phone Number
Toll Free Number
Fax
Email
Website
Emergency Contact & Phone Number

* 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 APPROPRIATE INFORMATION

Check One:

- Corporation
Attorney
Partnership
Individual/Sole Trader
Foreign Entity
LLC: D (Disregarded Entity) C (Corporation) P (Partnership)
Other
Federal ID #
Social Security #
Disadvantage Business Enterprise: Yes: No:
Women Business Enterprise: Yes: No:
Minority Business Enterprise: Yes: No:
Small Business (SBA): Yes: No:
Registered to do business in MO? Yes: No:
Number of years in business:



CARTHAGE WATER & ELECTRIC PLANT

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

SHIP VIA (select one)	BILLING TERMS (select one)	COMPANY TYPE (select one)
<input type="checkbox"/> Air Freight	<input type="checkbox"/> Net 30	<input type="checkbox"/> Broker
<input type="checkbox"/> Air Parcel Post	<input type="checkbox"/> Net 10	<input type="checkbox"/> Contractor- Construction
<input type="checkbox"/> Best Way	<input type="checkbox"/> Net ROI	<input type="checkbox"/> Contractor- Services
<input type="checkbox"/> Bus	<input type="checkbox"/> Net 15	<input type="checkbox"/> Distributor
<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Prepay	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Parcel Post	<input type="checkbox"/> 1% 10	<input type="checkbox"/> Sales Representative
<input type="checkbox"/> United Parcel Service	<input type="checkbox"/> 1% 10 th	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Company Truck	<input type="checkbox"/> 2% 10	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	

REMIT PAYMENT TO:

Firm name _____
 Street Address _____
 City, State, and Zip Code _____, _____, _____
 P.O. Box _____
 Phone/TollFree _____

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

List related companies and their relationships (i.e. parent, subsidiaries, sales representatives, manufacturers, etc.):

List products, areas, and/or services that the company provides:

* Please include 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: _____

Date: _____ (Note: W9 must be submitted with this application)

Carthage Water & Electric Plant reserves the right to issue orders to only those vendors who have a properly completed and approved application on file at Carthage Water & Electric Plant. Additional information may be needed prior to an award. Carthage Water & Electric Plant in Carthage, Missouri looks forward to establishing a successful relationship with you and thanks you for the information.

TO BE COMPLETED BY CARTHAGE WATER & ELECTRIC PLANT

Purchasing

Approved _____ Not Approved _____

Date: _____

Accounts Payable

Approved _____ Not Approved _____

Date: _____

Verification Completed by: _____

Verification Completed by: _____