



VENDOR APPROVAL APPLICATION

Submit this:

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

Carthage Water & Electric Plant
Purchasing
Email: vendorapp@cwep.com
Phone: (417) 237-7300 Fax: (417) 237-7340

Carthage Water & Electric Plant
Attn: Purchasing
PO Box 611
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:

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. \*



# CARTHAGE WATER & ELECTRIC PLANT

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

<b>SHIP VIA</b> (select one)	<b>BILLING TERMS</b> (select one)	<b>COMPANY TYPE</b> (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 <sup>th</sup>	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Company Truck	<input type="checkbox"/> 2% 10	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	

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

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

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Does your company participate in any cooperative purchasing organizations, agreements, or state contracts? If so, please list below.

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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: \_\_\_\_\_

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: \_\_\_\_\_

Verification Completed by: \_\_\_\_\_

**Accounts Payable**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date: \_\_\_\_\_

Verification Completed by: \_\_\_\_\_