



NEW VENDOR / CHANGE OF ADDRESS REQUEST FORM

(PLEASE PRINT OR TYPE)

<u>REQUIRED:</u>	Attach a completed W-9 “Request for Taxpayer Identification Number & Certification” No check will be issued to any vendor without a W-9 form on file.
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Company Name:			
DBA (if any)			
North Las Vegas Business License Number: (Companies with NLV address must obtain a NLV business license)			
NV State Business License Number:			
NV State Contractors License Number (if any):			
Will this vendor be supplying products, services, or both?	Check one: <input type="checkbox"/> Products <input type="checkbox"/> Services <input type="checkbox"/> Both		
Will this vendor physically enter North Las Vegas?	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What business activities, if any, are conducted in North Las Vegas? (This helps Business License Division determine type/classification of license required.)			

Vendor Purchase Order Address				
Address:				
City:		State:		Zip:
Telephone:		Fax:		

Vendor Remittance Address				
Payee Company Name:				
Address:				
City:		State:		Zip:
Telephone:		Fax:		