



New Vendor Application

Please complete all of the following information, where applicable.

This form must be submitted with a signed IRS w-9 form

Company Information

Tax ID # (EIN or SSN): _____

Organization type: ☐ LLC ☐ Partnership ☐ Non-Profit/Other
(should match W9) ☐ Corporation (S or C) _____ ☐ Individual/Sole Proprietor

Name of Company/Firm (as shown on tax return): _____

Alternate Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Payment Address (if different): _____

City: _____ State: _____ Zip Code: _____

Physical Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

Payment Information

Separate Check Required: ☐ Yes ☐ No Credit Card Accepted: ☐ Yes ☐ No EFT/ACH Accepted: ☐ Yes* ☐ No

Business Email Address: _____

**If EFT/ACH payments are requested please complete the Deschutes County ACH Authorization form.*

Company Contact Information – *this section should be completed by the Accounting Department. Two company contacts are required. If you have questions regarding this section please email Ashley.williams@deschutes.org*

In the event that changes are requested to this vendor file, Deschutes County will contact the following parties to confirm the changes requested.

Printed Name _____ Title _____

Email address _____ Phone Number _____

Printed Name _____ Title _____

Email address _____ Phone Number _____

Authorization Signatures

Vendor Signature: _____ Date: _____

Printed name: _____ Title: _____

Email Address: _____ Phone: _____