

CITY OF OXFORD

115 S. SUMNER
P.O. BOX 337
OXFORD, KS 67119
(620) 455-2223 | Fax: (620) 455-2917
<http://www.oxfordks.org/>



VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID , if applicable
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
POINT OF CONTACT NAME	TITLE	
VENDOR ADDRESS		
PAYMENT ADDRESS if different from address above		
PHONE	FAX	VENDOR EMAIL
TAX EXEMPT? Y or N	VENDOR WEBSITE	

ORGANIZATION TYPE

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership / Limited Partnership	<input type="checkbox"/> Non Profit

Separate checks?

<input type="checkbox"/> YES
<input type="checkbox"/> NO

Accept purchasing card? i.e. Visa, MC

<input type="checkbox"/> YES
<input type="checkbox"/> NO

BANKING INFORMATION

ACCOUNT NO.	
ROUTING NO.	

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT

INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE PAYMENT PROCESSED