

Stark Metropolitan Housing Authority

Vendor Application - Master File Form (new/update/modify)

Legal Name : _____
 (Above must agree with W-9 form)

DBA : _____

Mailing Address : _____

Secondary Address : _____

Point of Contact Name : _____

Point of Contact Phone: _____

Point of Contact Email : _____

Alternate Email: _____

Point of Contact Fax : _____

Federal ID# or SSN # : _____
 (Above must agree with W-9 form)

W-9 attached: YES / NO _____

Business Classification : (Select all that apply must select at least 1)

Individual/sole proprietor _____

Partnership _____

C Corporation _____

Other _____

S Corporation _____

Limited Liability _____

Enter the Tax classification (C= C Corporation, S= S Corporation, P= Partnership)

Please provide Workers Comp. Certificate & Certificate of Insurance

Terms notice provided : YES / NO (Terms are **Net 30 Days** upon receipt of a properly dated invoice.)

Minority Owned : YES / NO Type : _____

PLEASE SEND ALL INVOICES TO: invoices@starkmha.org or 400 Tuscarawas St E. , Canton, OH 44702

(Please above indicate - Vendor must receive a Terms letter & complete a W-9)

Vendor: _____ **Date:** _____

(Note: Vendor / Supplier signature is required to set up a new vendor account in order to do business with SMHA. Vendor / Supplier has read and agrees to SMHA's 30 day payment terms as outline in vendor terms notice.)

For Accounting Department:

 Finance Staff: Date:

 Finance Review: Date:

 Yardi Vendor Code:

Issue 1099 YES NO