FORM COMPLETION REQUIRED FOR PAYMENT

CITY OF SAFFORD
P.O. BOX 272
SAFFORD AZ 85548
928-432-4030

Vendor Verification Form

Please provide the following information about your company and email to AccountsPayable@saffordaz.gov or fax to 928-348-3114.

How would you like payment made? - CHECK ☐ or ACH (see attached form) ☐

Make check payable to (select one):

Legal Company Name:_____ ☐

Trade or DBA Name:_____ ☐

Physical Address:_____

City, State, Zip_____

Telephone _____ Fax _____

E-mail address _____

Web Page _____

Contact _____ Title _____

Payment Remit Address (if different than physical address):

PO Box or Street Address _____

City, State, Zip _____

Taxpayer Identification Number:

_____ Or _____
Federal Employer Identification Number Social Security Number

☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other_____

Certification:
I certify that the above information is correct.

_____ _____
Signature of Company Representative Date

_____
Title