



LAKE HAVASU CITY
Vendor Registration Form

Please return signed form to Lake Havasu City c/o Administrative Services Department.
2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 Telephone (928) 453-4147 email: vendors@lhcaz.gov

[] New Registration [] Revision / Update Date _____

(1) VENDOR NAME & ADDRESS Fed ID or Social Security # Telephone Fax Length of Time in Present Business Email: Contact Person Mailing Address (if different from above)

(2) OWNERSHIP (check one) [] Individual [] Partnership [] Joint Venture [] Government [] Other [] Corporation State Year Statutory Agent

(3) LICENSES & CERTIFICATIONS AZ Resale Tax # City Business Lic # Other (list)

(4) PRIMARY BUSINESS (check one) [] Construction [] Consulting [] Distributor [] Factory Rep. [] Jobber/Wholesaler [] Manufacturer [] Retailer [] Service [] Other

(5) ELECTRONIC FUNDS TRANSFER Yes [] No [] Name of Financial Institution: City State Type of Account: Checking [] Other: Bank Routing Number Bank Account Number

I authorize Lake Havasu City to initiate accounting transactions to deposit funds directly to the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to this account . This authorization is to remain in force until Lake Havasu City receives written notice to cancel or change this authorization. Please allow 10 business days for our office to process any change request.

Authorized Signature: Date: Title: Email: