



# Lake Havasu City NEW VENDOR REGISTRATION

## GENERAL INFORMATION (W9 form required)

Name and Primary Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fed Tax ID: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address (if different than above):

\_\_\_\_\_

Fax: \_\_\_\_\_

Length of Time in Business: \_\_\_\_\_

## OWNERSHIP

Individual    Partnership    Joint Venture    Government    Other \_\_\_\_\_

Corporation: \_\_\_\_\_  
State                      Year                      Statutory Agent

## LICENSES & CERTIFICATIONS

AZ Resale Tax No.: \_\_\_\_\_ City Business License No.: \_\_\_\_\_

Other: \_\_\_\_\_

## PURCHASING CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## REMITTANCE INFORMATION

Contact: \_\_\_\_\_

Remit Email: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Remit Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Payment Type:  Check (mail to remit address above)

Electronic Funds Transfer (EFT) Complete information below:

Financial Institution:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account:  Checking    Other \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I hereby authorize Lake Havasu City to initiate direct deposit of invoice payments to the account noted above and, if necessary, adjustments of any deposits made in error. I hereby authorize the financial institution noted above to post these deposits and adjustments. This authorization is to remain in effect until Lake Havasu City receives written notice to cancel or change it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return registration form and W9 form to: [Vendors@lhcaz.gov](mailto:Vendors@lhcaz.gov) or mail to:

Lake Havasu City  
Attn: Administrative Services Department  
2330 McCulloch Blvd N  
Lake Havasu City, AZ 86403

Questions: (928) 453-4147

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