



ROBERT LANDON

CITY OF MARION AUDITOR
233 WEST CENTER STREET - MARION, OHIO 43302

Vendor # _____
Initials _____

Vendor/Contractor Request Form

All lines must be completed for a new vendor. For updates, only provide the new information.

Submitted By: _____ Dept. _____

Date of Request: _____ Type: New or Update

Change Vendor No: _____

Remittance Information for Invoice/Payment

Vendor Name: _____

Remittance Address: _____

Phone Number: _____ Fed ID #/SS# _____

Is Vendor to Receive a 1099 Tax Form? (Circle 1099 or No 1099)

1099 (Must have W-9 Form)

Non-Incorporated Services

No 1099

Government Incorporated LLC Reimbursement Goods

Is Vendor an Independent Contractor or a Business with 5 or Less Employees?

Yes or No