

**METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY, TENNESSEE**

SHORT VENDOR APPLICATION

PLEASE TYPE OR PRINT See "Information and Instructions" for completing this form.

MAIL THIS APPLICATION TO: **METROPOLITAN NASHVILLE PUBLIC SCHOOLS**
Purchasing Department
2601 Bransford Avenue
NASHVILLE, TENNESSEE 37204
FAX TO: (615) 259-8402

1) TRANSACTION TYPE

PLEASE CIRCLE TYPE OF TRANSACTION: REFUND EMPLOYEE LEGAL CLAIM GRANT OBLIGEE PENSIONER
NCAC PARTICIPANTS SUBLEDGER MNPS PARENT EX-EMPLOYEE DEBT SERVICE DUES/REGISTRATION
NCAC SUPPORT SERVICES SOCIAL SERVICES ADOPTION ATTORNEY PAYROLL/PENSION LIABILITY EASEMENT

IF TRANSACTION IS NOT LISTED ABOVE, DO NOT USE THIS FORM. CONTACT PURCHASING FOR CORRECT FORM.

DEPARTMENT: _____ RESPONSIBLE BUSINESS UNIT: _____

2) ADDRESS INFORMATION

(Address where correspondence etc. are to be mailed)

NAME _____ (If an employee, complete box above.)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PHONE _____ - _____ - _____ FAX _____ - _____ - _____

COUNTY _____

Vendor Number Assigned *(for Metro use only)* _____

3) TAX INFORMATION

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER *(Select one code and fill in ID # information)*

C - Corporation (except Medical/Legal) Federal Tax Id # _____

N - Partnership or Medical/Legal Corporation Federal Tax Id # _____

P - Individual or Sole Proprietor Social Security # _____

* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. *

4) SIGNATURE

SIGNATURE: _____

DATE: _____