

CITY OF PELL CITY, ALABAMA  
ACCOUNTING DEPARTMENT  
Procurement Services

1905 FIRST AVENUE NORTH  
PELL CITY, ALABAMA 35125

TELEPHONE (205) 338-2244  
FAX (205) 338-2320  
[WWW.CITYOFPELLCITY.NET](http://WWW.CITYOFPELLCITY.NET)

NEW VENDOR APPLICATION FORM

Regular Vendor      Travel Related      Refund      Claim  
Land Acquisition      City Employee

VENDOR  
NAME: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REMITTANCE, IF DIFFERENT FROM ABOVE:

REMITTANCE  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TAX EXEMPTION:**

Where applicable, the City of Pell City is exempt from paying Federal Excise Tax pursuant to the Internal Revenue Code of 1986, as amended, and sales and use tax pursuant to sections 40-23-4 (11) and 40-23-62 (13) of the Code of Alabama of 1975 as amended.

**W-9:**

The Internal Revenue Service requires the City of Pell City to maintain a W-9 on file prior to releasing payment to any United States-based individuals or organization. A signed-9 must be submitted via fax or by US Mail before this application for payment is processed. It is the responsibility of the vendor to submit any changes in the company name, address, and/or phone number to Accounts Payable on company letterhead.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Printed or Typed)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete this form and email to [invoices@cityofpellcity.net](mailto:invoices@cityofpellcity.net) or fax to (205) 338-2320.