



VENDOR INFORMATION FORM

DATE \_\_\_\_\_

VENDOR # \_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

dba

\_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT NAME/PHONE/EMAIL

\_\_\_\_\_

REMITTANCE ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS (If different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this form along with the W9 and Conflict of Interest Questionnaire back to Lonnie Yates via email to [lyates@wstx.us](mailto:lyates@wstx.us) or fax to 817-246-4195.

**INVOICING: Please send all invoices to**

Mail: City of White Settlement  
ATTN: Accounts Payable  
214 Meadow Park Drive,  
White Settlement, TX 76108

Email:  
[accountspayable@wstx.us](mailto:accountspayable@wstx.us)