



City of Tulsa Supplier Registration Form

SUPPLIER NAME (as shown on tax returns):	DOING BUSINESS AS:
TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED IN _____	FED TAX ID OR SOCIAL SECURITY NUMBER <u>NOTE: ATTACH A CURRENT W-9 TO THIS FORM.</u>
DOES YOUR FIRM QUALIFY AS A SMALL BUSINESS UNDER SBA GUIDELINES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR FIRM A REGISTERED SMALL BUSINESS WITH THE CITY OR THE STATE OF OKLAHOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO

THE CITY USES THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING COMMODITY SYSTEM. TANGIBLE PRODUCTS ARE NUMBERED 005-00 THRU 899-00. ALL SERVICES ARE NUMBERED 900-00 THRU 999-00. INSERT BELOW THE 5-DIGIT NUMBERS THAT APPLY TO THE PRODUCTS AND SERVICES SUPPLIED BY YOUR COMPANY. IF REQUESTING NOTICE OF ALL COMMODITIES UNDER A PARTICULAR CODE, SELECT "00" FOR THE 4TH & 5TH DIGIT. ADDITIONAL DETAIL EXPLAINING EACH COMMODITY CLASS IS AVAILABLE AT:
[HTTPS://WWW.CITYOFTULSA.ORG/GOVERNMENT/DEPARTMENTS/FINANCE/SELLING-TO-THE-CITY/REGISTER-AS-A-VENDOR/](https://www.cityoftulsa.org/government/departments/finance/selling-to-the-city/register-as-a-vendor/)

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PURCHASING ADDRESS:			
NAME:	Title:	PHONE NO:	
P.O. BOX OR STREET:	City:	STATE:	ZIP CODE:
E-MAIL ADDRESS(PRIMARY METHOD OF COMMUNICATION):			FAX NUMBER:
SUPPLIER WEBSITE:			

A/R ADDRESS:			
NAME:	Title:	PHONE NO:	
P.O. BOX OR STREET:	City:	STATE:	ZIP CODE:
E-MAIL ADDRESS(PRIMARY METHOD OF COMMUNICATION):			FAX NUMBER:

Please list the names of any of your officers, employees, stockholders, or anyone with a financial interest with your business who are employed with the City of Tulsa:

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by any public agency from bidding or furnishing materials, supplies, or services to any other public agency thereof.



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Signature of person authorized to sign:	Name & Title of Person Signing:	Date:
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AUTHORIZATION AGREEMENT FOR EFT CREDIT TRANSACTIONS

Authorization is hereby granted to the **City of Tulsa, Oklahoma**, hereinafter called **City of Tulsa**,

by _____ (Company/Individual Name) to initiate EFT credit transaction entries to our depository account designated below at the depository financial institution named below, hereinafter called DFI. Authorization is also granted to **City of Tulsa** to initiate, only if required, debit entry adjustments to our depository account at the named DFI in the event a corresponding credit entry by **City of Tulsa** was made in error. Acknowledgement is further made that the **City of Tulsa's** origination of all EFT transactions to our account designated below must comply with the provisions of U.S. law and NEFTA Operating Rules and Regulations.

Depository Financial Institution Name (DFI)

Bank Routing Number (DFI)

Address

City/State

Zip

Designated Depository Account Title

Depository Account Number

Depository Account Type: _____ Checking _____ Savings

This authority is to remain in full force and effect until the **City of Tulsa** has received written notification from _____ of its termination in such time and manner as to afford the **City of Tulsa** and the above named DFI a reasonable opportunity to act on such written notification.

Authorizing Party Name/Title (print/type)

Signature of Authorizing Party

Date

Primary Company Contact Phone Number: (_____) _____

Tax identification number: _____

E-mail Address (for EFT detail notification): _____

Please note:

- All written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator (**City of Tulsa**) in the manner specified in the authorization.
- Single entry reversals do not require authorization by the receiver.