Vendor ID

Vendor Application City of Minneapolis

Print Form

For policies on how to submit an invoice to the City.
Refer to: http://www.minneapolismn.gov/procurement/compassvendor

Form Instructions:

The City requests that all Vendors provide an e-mail address for general correspondence. In addition each vendor should provide an e-mail for Purchase Order Notification and e-mail for Payment Advises Statements to be sent to the vendor accounts receivable department.. For Vendors that do not have multiple departments, the same e-mail can be used . Please provide a general e-mail address and refrain from using individual sales or accounting personnel since often these contacts change.

The City encourages all Vendors to sign-up for ACH/EFT automatic deposit providing access to your payment funds from the City more quickly. **Once the application including a W-9 is received . Your organization will be assigned a Vendor ID allowing you to conduct business with the City.** Thank you for your cooperation in completing the application. For any questions regarding the application process contact (612) 673-5108 for assistance.

accountspayable@minneapolismn.gov **Fax** (612) 673-2042

City of Minneapolis Accounts Payable, Attn: Vendor Maintenance 350 South 5th Street Room 325M Minneapolis MN 55415-1315

Section 1. Vendor Contact Information For Non-Profit organizations, please also include additional information in Section 1 Part D.

Business Name or Payee: _____ Date of Application _____

A) Vendor Contact Information

Business Contact: _____ Title: _____

Main Address: _____

City: _____ State: Zip: _____

Business Phone: _____ Fax Number: _____

Email: _____ Web _____

B) Vendor Payment Remittance Address

Business Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Payment Advise Email: _____

C) Vendor Purchasing Address

Business Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Purchase Order Email _____

D) Non-Profit Organization

Executive Director: _____ Fiscal Year End MM/DD: _____

Date organization received non-profit status from IRS: _____ Subject to A-133 Audit: ☐ YES ☐ NO

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Controller: _____

Phone: _____ Email: _____

Information requested for Federal Reporting & Grant Programs

Section 2. Legal Entity

- ☐ U.S Partnership
- ☐ U.S Corporation State Incorporated _____
- ☐ Individual/Sole Proprietorship
- ☐ Limited Liability Corporation
- ☐ 501C Not For Profit
- ☐ Local or State Government Agency
- ☐ Education Institution
- ☐ Foreign Corporation Country _____
- ☐ Foreign Government Organization
- ☐ Foreign Partnership

Section 3. 1099 Reporting Classification

- ☐ Attorney or Legal Firm
- ☐ Physician or Medical/Health Care Provider
- ☐ Rent

Section 4. Vendor SIC/NAICS Codes

Refer to http://www.sba.gov/size/

to look up NAICS Codes assigned to your type of business.

Description of Type of business _____

SIC/NAICS Code Assigned _____

Section 5. State/Federal Classification

- ☐ SBA 8(a) Certification
- ☐ Small Disadvantaged Business Certification
- ☐ HubZone Certification
- ☐ Women Owned
- ☐ Minority-Owned Business

Section 6. Certified Business Enterprise (CERT)

- ☐ African American
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Non-Minority Female
- ☐ Non-Minority Small

Section 7- Payment Preference

Delivery method you prefer to receive payment?

☐ Check ☐ ACH/EFT (refer to Enrollment Section 9.)

☐ Already registered with City for ACH/EFT

Section 8- Authorization for Debit Memo

Vendor authorizes City to issue debit memo for discrepancy on invoice; e.g. quantity shipped, vs. quantity received, invoice different from Purchase order, tax adjustment etc.

☐ Yes ☐ No

Section 9 – ACH/EFT Enrollment

As part of the City of Minneapolis continuing efforts to efficiently process our vendor payments and lower our processing costs, the City has implemented an ACH/EFT disbursement program for the payment of vendor invoices.

Why Should Your Company or Organization Enroll? By participating in this program, you can eliminate waiting in long lines at your bank and gain the benefit of a quicker deposit to your company's account. Not only does it free your staff's time, but an ACH payment gives you access to the money more quickly, rather than having to wait for a check deposit to clear. We encourage all of our vendors to join the City of Minneapolis ACH/EFT disbursement program and enjoy the benefits of a no-hassle payment process and quicker access to your money.

How Does It Work? You will be notified when you will begin receiving payment via ACH/EFT. You will continue to submit your invoices in the same manner for approval and processing.

Name of Finance Institution _____ Address: _____

City: _____ Zip: _____ State: _____ _____

Account Type: ☐ **Savings** ☐ **Checking**

Bank Routing Number: _____ Account Number: _____

AGREEMENT

I hereby authorize and request the City of Minneapolis to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until NACHA rules reversing a credit entry made in error, to my account at the financial institution named above. The electronic payment data remains in effect until withdrawn by:

(a) Written notification to the City

(b) My death or legal incapacity

(c) The financial institution or

(d) City of Minneapolis

Agreement Requires Signature & Date To Be in Effect

Signature _____ Date _____

Name _____ Title _____

I certify that the information supplied on vendor application is correct to the best of my knowledge.
I further certify that in doing business with the City of Minneapolis my firm is in compliance with policy relating to conflict of interest.

Conflict of Interest policy available at: http://www.minneapolismn.gov/procurement/compassvendor

Name of Person Completing/Authorizing Vendor Application _____

Signature _____ Title _____ Date _____

Form available at: http://www.minneapolismn.gov/procurement/compassvendor