



**CITY OF EAST ST. LOUIS PURCHASING DEPARTMENT**  
301 River Park Drive, 3<sup>rd</sup> Floor  
East St. Louis, Illinois 62201  
Phone: 618-482-6713  
Fax: 618-482-6648

## **City of East St. Louis Vendor Information Request Form**

When checking authenticity of vendor, follow the following steps.

- If vendor is an IL Corp or LLC go to <http://www.ilsos.gov/corporatellc/> or if Corp or LLC from another state call that state's Secretary of State
- If vendor is a LP call 217-782-6961 (ext. 7737)
- If vendor is general partnership or sole proprietor call the county clerk at 277-6600 ext 2373 Yolanda Hughes
- If the is general partnership or sole proprietorship is not registered with St. Clair County then call regulatory affairs.

**INSTRUCTIONS:** Please type or print clearly. If any item is not applicable, insert N/A. (F.E.I.N. OR SOCIAL SECURITY NUMBER IS REQUIRED.)  
**To ensure prompt payment, please forward any changes to your vendor the information to the City of East St. Louis Purchasing Department.**

F.E.I.N. NUMBER/ SOCIAL SECURITY NUMBER	DATE OF THIS APPLICATION	1099 VENDOR <input type="checkbox"/> MISC <input type="checkbox"/> G  <input type="checkbox"/> INT <input type="checkbox"/> NONE
BUSINESS NAME	TELEPHONE NUMBER (      )	FAX NUMBER (      )
TYPE OF ORGANIZATION (CHECK ONE)	YEAR ESTABLISHED	NUMBER OF EMPLOYEES
<input checked="" type="checkbox"/> INDIVIDUAL /SOLE PROPRIETOR (I) <input type="checkbox"/> GENERAL PARTNERSHIP (GP) <input type="checkbox"/> CORPORATION (C) <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) <input type="checkbox"/> EMPLOYEE (E) <input type="checkbox"/> LIMITED PARTNERSHIP (LP) <input type="checkbox"/> OTHER: _____		
Do you claim Disadvantaged Business Enterprise Status? _____ Yes _____ No _____ (Check appropriate box(es) if applicable)  <input type="checkbox"/> Small Business Enterprise <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Business Enterprise <input type="checkbox"/> Disabled Business Enterprise		

INSERT THE MERCHANDISE OR SERVICE YOU WISH TO PROVIDE.

<b>ORGANIZATIONAL ADDRESS</b>			<b>ADDRESS TO WHICH PAYMENTS OR REMITTANCES ARE TO BE MAILED</b>		
STREET			STREET		
CITY		STATE	CITY		STATE
ZIP			ZIP		

<<< CONTACT NAMES >>>	<<< TITLE >>>	<<< TELEPHONE NUMBER >>>
SALES		( )
SERVICE		( )

This application must be signed by a ranking officer of the company. Show additional principals or agents separately. The undersigned certifies that information provided on this application is correct and complete. Submittal of false information will be grounds for the rejection of this application, removal from all Vendor lists and the cancellation of any contract without penalty to the City of East St. Louis.

NAME OF PRINCIPAL	TITLE
PRINCIPAL'S SIGNATURE	DATE

FOR USE BY THE CITY OF EAST ST. LOUIS GOVERNMENT ONLY

If this form is facilitated with a City department please provide the name of the Department and facilitator

<b>VENDOR CODE:</b>	<b>APPROVED BY:</b>	<b>DATE:</b>
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