



Vendor Statement of Agreement

We value the City's relationship with you and strive to be a desirable business partner. Accounts Payable always makes every effort to get payment to our vendors within the terms agreed to and for the correct amount. It is with this goal in mind that we offer the following information in the Vendor Statement of Agreement form. Our hope is that you will find it useful and that it will help eliminate avoidable delays in payment. Please read all pertinent information below regarding the accounts payable process and function with respect to our vendors. Afterwards, complete, sign, and return this document with your Conflict-of-Interest Questionnaire form and W-9 Form. Thank you!

- The City of Terrell requires all Vendors who desire to do business with the City of Terrell to complete the Vendor Statement of Agreement, W-9 Form, and Conflict-of-Interest Questionnaire form.
- A Purchase Order is required before any department may make a purchase of goods or services.
- Invoices must be mailed to the attention of the ordering department (Department Purchasing the Goods or Services) City of Terrell - P.O. Box 310 Terrell, Texas 75160.
- The Purchase Order Number must be shown by the vendor on all invoices and/or related invoices, delivery memoranda, bills of lading, packages and/ or correspondence. No reference to a purchase order may delay payment.
- All prices unless otherwise specified are delivered with shipping or transportation charges prepaid.
- The City of Terrell is Exempt from sales taxes:
State of Texas Limited Sales Tax Manufacturers Excise Tax
The City of Terrell Tax ID - 1-75-6000688-8
- Payment for goods and/services will be paid within the payment terms or no later than 30 days after the receipt of the proper invoice.
- Vendors have the option of utilizing EFT (electronic funds transfer) for receiving payment at no cost. Contact Accounts Payable for a vendor EFT Form at:

Direct: (972) 551-6600 or ap@cityofterrell.org



New Vendor Registration Form

Please provide all information requested on this form. Please insert N/A for items not applicable:			
Company Name:			Contact Person/Title
Address:		City:	State:
Payment Remittance Address:		City:	State:
Billing Contact:		Phone:	Email:
Individual(s) authorized to contractually bind the company or firm (Please indicate if agent):			
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Authorized Individual's Signature:			Print Name:
Title:			Date:
I hereby certify that the above information is true and correct to the best of my knowledge. I have read, understand, and agree with the terms of the Vendor Statement of Agreement as outlined above. I understand that the submission of inaccurate information may result in rejection or deletion of my application.			
Authorized Individual's Signature:		Print Name:	
Title:		Date:	
Office Use Only	Vendor Number:	Date Processed:	Initials:
	City of Terrell Finance Signature:		

Please return completed form, W-9 form, and Conflict of Interest Questionnaire form to ap@cityofterrell.org