



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.

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- The City of Anna requires all Vendors who desire to do business with the City of Anna to complete:
 - The Vendor Statement of Agreement
 - W-9 Form
 - Conflict-of-Interest Questionnaire form.
 - A Purchase Order is required before any department may make a purchase of goods or services.
 - Invoices must be emailed or mailed to the attention of the department that placed the order:
 - **City of Anna - 120 W. 7th Street, Anna, Texas 75409**
 - accountspayable@annatexas.gov.
 - The Purchase Order Number must be shown by the vendor on all invoices and/or related invoices, 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 Anna is Exempt from sales taxes. State of Texas Limited Sales Tax Manufacturers Excise Tax:
 - **The City of Anna Tax ID -75-1680420**
 - 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.
 - Vendor forms must be emailed to purchasing@annatexas.gov

THE CITY OF **Anna**

New Vendor Registration Form

Please provide all information requested on the is form. Please insert N/A for items not applicable:			
Company Name:			Contact Person/Title
Address:	City:	State:	Zip Code:
Payment Remittance Address:	City:	State:	Zip Code:
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:
<p>Please return completed form, W-9 form, Conflict of Interest Questionnaire, and EFT form to purchasing@annatexas.gov</p>			
<p>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.</p>			
Authorized Individual's Signature:			Print Name:
Title:			Date:
Office Use Only	Vendor Number:	Coop Contract#:	Initials:
	Purchasing Manager Signature:		Date: