



*City of North Royalton
Finance Department*

Vendor Registration Packet

Completion of these forms ensures that your company will be registered with the City.

Individual or Company Name

Date of Birth if Individual

Legal name if different than above (DBA)

Phone

Mailing Address

Fax

Remittance Address (if different than above)

Company Website

Check Appropriate Box: Individual/Sole Proprietor Corporation Partnership Other _____

Federal ID (FEIN) _____ Social Security Number (Individual) _____

Small Business Minority Owned Business Woman Owned Business Check if Certified (Expiration Date) _____

Contact Name _____ Position _____

Phone _____ Fax _____ Email _____

Signature: _____ Date _____

List the type of products or services you are interested in supplying or you may attach an itemized list of commodities.

Internal use only

Entered by: _____ Date: _____ Vendor Number _____

14600 State Road, North Royalton, Ohio 44133

Phone (440) 582-6234 Fax (440) 237-0470

www.northroyalton.org