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 Josephine requires all Vendors who desire to do business with the City of Josephine to complete the Vendor Statement of Agreement, W-9 Form, and Conflict-of-Interest Questionnaire form.
- (Beginning Summer 2023) A Purchase Order is required before any department may make a purchase of goods or services.
- Invoices must be emailed to purchaser or mailed to the attention of the ordering department (Department Purchasing the Goods or Services) City of Josephine - P.O. Box 99 Josephine, TX 75164.
- (Beginning Summer 2023) 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 Josephine is Exempt from sales taxes:

  The City of Josephine Tax ID 75-1957867

- 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: (469)717-0055 or AP@Cityofjosephinetx.com

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:**	**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:**
Authorized Individuals 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 Agreement as outlined above. I understand that the submission of inaccurate information may result in rejection or deletion of my application.

Authorized Individuals Signature:			**Print Name:**
Title:			**Date**
Office Use Only	**Vendor Number:**	**Date Processed:**	**Initials:**
	City of Josephine Finance Signature:		**Date:**

Please return completed form, W-9 form, and Conflict of Interest Questionnaire form to AP@cityofjosephinetx.com