



County of Yolo

www.yolocounty.org

TOM HAYNES
Interim Chief Financial Officer

DEPARTMENT OF FINANCIAL SERVICES
625 COURT STREET, ROOM 103
PO BOX 1268
WOODLAND, CA 95776

VENDOR REGISTRATION FORM

Check Appropriate Vendor Type

- New Vendor
- Supportive Services (CLIENT)
- Change/Update Vendor Number _____

If AP Vendor "ONLY" Complete Part 1.
If AP & PO Vendor Complete Parts 1 & 2

Part 1: AP Vendor Information

Vendor Legal Name: _____

Taxpayer ID#: _____

Remit-To Address

Vendor Name (if different from above): _____

Address (number, street, apt or suite): _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Payment Method: CHECK ACH (IF ACH SUBMIT YOLO COUNTY ACH ENROLLMENT FORM)

Type of Service Provided by Vendor (Must check one box for 1099 reportable purposes):

- Rent Medical Attorney Fees
- Non-Employee Compensation Other Income Exempt (see below)

Reason for exempt _____

Part 2: PO Vendor Information

For all onsite installation, service or delivery, vendor shall at all times maintain, at its expense, the following minimum coverage's and requirements: (a) Comprehensive General Liability=\$1 mil/occurrence and \$2 mil/aggregate; (b) Automobile Liability=\$1mil/occurrence (include coverage for hired and non-owned vehicles); and (c) Workers Compensation=Statutory Limits (or for Employers' Liability=\$1 mil/accident for bodily injury or disease). General & Auto Liability must also include additional insured endorsement page showing "Yolo County, its officers, agents, employees and volunteers" as additional insured, or a blanket endorsement is acceptable. Insurance must be on file prior to the start of any contract.

Purchase-From Address

Name (if different from above): _____
Address (number, street, apt or suite): _____

City: _____ State: _____ Zip Code: _____

Contact Name _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

General: Vendor Preferred Notification Method (Check one)

- Email _____
 Fax Number _____
 Printed Document

Contact (For Purchasing Purposes Only):

Name: _____

Address (number, street, apt or suite): _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Type:

Supplies/Materials/Equipment Services Both

WILL VENDOR BE CONDUCTING WORK ON COUNTY PROPERTY?

YES*

NO

***If YES, vendor must have a signed purchase order or contract in place prior to work being conducted on county property. All Vendor Registration Form information must be processed and a Master Service Agreement or other Standard Yolo County Agreement completed before services can begin. Services shall not be performed without an Agreement in place.**

Please include the nature of services/commodities supplied to Yolo County below:

Instructions to Requester:

- * Complete Section 1 if requesting set up of AP Vendor ONLY.
- * Complete Sections 1 and 2 if requesting set up of AP and PO Vendor.
- * Scan and e-mail completed form with signed W9 form for processing.
- * *Requester will be notified by e-mail when supplier is set up.

DO NOT FORWARD TO ANY OTHER PARTY AS THIS WILL ONLY CAUSE DELAY IN PROCESSING.