

ENTERED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# CITY OF AKRON FINANCIAL SYSTEM (AFS) VENDOR PROFILE

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO ACCOUNTS PAYABLE TO BE ENTERED INTO THE AFS SYSTEM AS A VENDOR. FAILURE TO DO SO COULD CAUSE A DELAY IN PROCESSING THE VENDOR PAYMENT.**

VENDOR NAME: \_\_\_\_\_

TAX ID / VENDOR NUMBER: \_\_\_\_\_

**(REQUIRED FOR SYSTEM ENTRY)**

### **PURCHASE ORDER INFORMATION**

### **ACCOUNTS PAYABLE INFORMATION**

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

### **PLEASE MAIL OR FAX COMPLETED FORM TO:**

### **ACCOUNTING/PURCHASING USE ONLY**

CITY OF AKRON ACCOUNTS PAYABLE DEPARTMENT  
ROOM 508  
166 SOUTH HIGH STREET  
AKRON, OHIO 44308  
(330) 375-2300---PHONE  
(330) 375-2519---FAX

VENDOR TYPE: \_\_\_\_\_

1099 VENDOR: \_\_\_\_\_ YES/NO

INCOME TYPE: NC

FORM SENT OUT BY: \_\_\_\_\_