

VENDOR DATA SHEET



The Housing Authority of the City of El Paso invites you to fill out this form in anticipation of being awarded a Contract or Purchase Order. By filling out this form, your company will be entered in the system that will disburse payments in accordance with all applicable documents, terms and conditions.

All invoices should be submitted to the addresses listed below for payment. Invoices submitted to the property could result in a delay of payment.

Invoices should be mailed to:

Housing Authority of the City of El Paso
Attn: Accounts Payable-HACEP
P.O. Box 10057
El Paso, TX 79995-0057

Invoices should be e-mailed to: accountspayable@hacep.org

Accounts Payable Phone number: (915) 849-3600

A/P Supervisor (915) 849-3767
Federal Tax ID # 74-6000787-9

For prompt payment, please ensure that the purchase order number is referenced on the invoice.

Housing Authority of the City of El Paso
Vendor Data Sheet

Date: _____ Email Address: _____

Company Name: _____

Mailing Address: _____ City, State, Zip Code _____

Remit to Address: _____ City, State, Zip Code _____

Person to contact and title: _____

Telephone No. (____) _____ Fax (____) _____

Business Type: _____ Manufacturer (manufactures products to be sold to others)
_____ Contractor (provides a service)
_____ Supplier (sells products manufactured by others)

Organization: _____ Corporation (if YES, please provide Federal ID No.) _____
_____ Sole Proprietorship (if YES, please provide Social Security No.) _____
_____ Partnership
_____ Other (please specify) _____

Ownership Composition - 50% or more of the business is owned or controlled by:

_____ White _____ Black _____ American Indian _____ Hispanic
_____ Female _____ Asian _____ Spanish-American _____ Other _____
(please specify)

Business References: (company name, address, phone & fax numbers and person to contact)

1. _____
2. _____
3. _____

Review the list of commodities and services on the reverse side and indicate item(s) for which your company wishes to submit bids and/or proposals. Please return this form to:

Procurement Manager
Housing Authority of the City of El Paso
5300 E. Paisano El Paso, Texas 79905
fax it to (915) 849-3868 or e-mail to: purchasing@hacep.org

TERMS OF PAYMENT NET DUE (DAYS) _____ DISCOUNT DAYS: ____ DISCOUNT (PERCENTAGE) _____

NOTE: We are a tax exempt organization. If you require a tax exempt certificate, please request this from the Purchasing Department and the certificate will be furnished to you.

NOTICE: YOU MUST FURNISH A W-9 ALONG WITH THIS VENDOR DATA SHEET. OTHERWISE, YOUR COMPANY CANNOT BE ENTERED IN OUR SYSTEM.

**Please review list below and indicate the commodities your company wishes to submit bids
and/or proposals to the Housing Authority of the City of El Paso**

Commodity/ Material List

Appliance Parts	Garden Supplies(hand Tools, fertilizer, herbicides)	Paper Products(copy paper, etc.)
Appliances	Hand Tools	Pest Control Supplies
Appliances Commercial Grade	Hardware Supplies	Playground Equipment
Automotive Parts	HVAC Equipment	Plumbing Supplies
Books	HVAC Supplies	Roofing Equipment
Cabinets	Industrial Gas Supplies	Roofing Supplies
Central Heating Parts	Industrial Gases(propane, acetylene,oxygen)	Safety Equipment
Computers-Hardware	Insulation Supplies	Safety Supplies
Computers-Software	Janitorial Equipment	Signage/Commercial Outdoor
Countertops	Janitorial Supplies	Signage/Banners
Doors Metal	Landscaping Equipment	Storage Buildings
Doors Wooden	Janitorial Supplies	Subscriptions
Drinking Water	Landscaping Equipment	Swimming Pools
Drywall Supplies	Landscaping Materials	Telecommunication Supplies
Electrical Supplies	Concrete	Testing Equipment
Electronic Equipment	Rock	Tires
Electronic Supplies	Sand	Welding Equipment
Evaporative Coolers	Asphalt	Welding Supplies
Evaporative Cooler Supplies	Other : Specify _____	Window Blinds/Shades
Excercise Equipment	Lawn Sprinkler Supplies	Windows
Eye Glasses	Lumber Supplies	Other: _____
Fasteners (nails, Screws, Bolts)	Message Equipment	
Fire Sprinkler Supplies	Moldings, Trims	
Flooring (adhesives, Cove base)	Office Equipment	
Florist	Copiers	
Fueling Systems	Printers	
Furniture	Facsimile Machines	
Garage Doors	Office Supplies	
Garden Furniture	Paint	
Garden Equipment	Paint Supplies	

**Please review list below and indicate the service your company wishes to submit bids and/or proposals to the
Housing Authority of the City of El Paso**

Services List

Advertising Services	Gas Leakage Services	Swimming Pool Installation
Air Duct Cleaning	Glass Replacement	Testing Equipment Calibration
Answering Services	HVAC Repairs	Training: _____
Appliance Repairs	Information Technology Services	Tires Installation & Repair
Asbestos Abatement Services	Insulation Staller	Training Services
Auditing Service	Janitorial Services	Water Extractions
Automotive Repairs	Lawn Sprinkler Repairs	Welding Services
Bathtub Resurfacing	Landscaping Services	Window Blind/Shade Installations
Behavioral Services	Language Services	Window Installations
Catering Services	_____ Training	Winshield Repairs/Installations
Carpet Cleaning Services	_____ Interpreter-Language	Other: _____
Central Heating Repairs	Legal services	
Computer Repairs	Machinery/Equipment Rental	
Consultant: _____	Moving Services	
Contractor: _____	Music	
Countertop Surface Repairs	Office Equipment Repair	
Crane Services	Pest Control Services	
Electronic Equipment Repairs	Photography Services	
Elevator Repairs	Playground Equipment Installer	
Engergy Services	Plumbing Services	
Enviromental Services	Printing Services	
Exercise Training	Publishing	
Fencing Installation & Repairs	Real Estate	
Fire Alarm Installation	Roofing Repairs	
Fire Alarm Inspection	Safety/Security Equipment	
Fire Sprinkler Installation	Singage-Commercial	
Fire Sprinkler Inspection	Singage-Banners	
Flooring Installation	Solid Waste Services	
Garage Door Repairs	Storage Building Installation	
Gardening Equipment Repair	Storage Space Rental	

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax

classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Employer identification number

			-							
--	--	--	---	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Housing Authority of the City of El Paso

Vendors

Direct Deposit Application

VID # _____

SECTION A-ACCOUNT VENDOR INFORMATION

1. BUSINESS NAME

2. ADDRESS (NUMBER AND STREET)

(APT NUMBER)

(CITY)

(STATE)

(ZIP CODE)

3. TAXPAYER IDENTIFICATION NO. (SSN/EIN)

4. TELEPHONE NUMBER (INCLUDING AREA CODE)

5. Email address:

Note: Please provide your Accounts Receivable email address

SECTION -B FINANCIAL INSTITUTION INFORMATION (VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED)

1. FINANCIAL INSTITUTION NAME

2. FINANCIAL INSTITUTION ADDRESS (NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

3. FINANCIAL INSTITUTION TELEPHONE NUMBER ()

4. TYPE OF ACCOUNT (Check One Box Only) ☐ Checking ☐ Savings

5. Routing Number (9 Digits)

6. Account Number

SECTION C- DIRECT DIPOSIT AUTHORIZATION

I hereby authorize the Housing Authority of the City of El Paso Texas to initiate credit entries (deposits) adjustments for any credit entries a made in error or my account designated above.

I understand my direct deposit enrollment may be terminated if I fail to notify the Housing Authority of the City of El Paso, Texas of changes in account information.

Signature

Date

STAPLE VOIDED
CHECK