

City of Madisonville, Kentucky

Vendor Information Request Form

Federal ID Number: _____ or Social Security Number _____

Name: _____

Doing Business As: _____

Attention: _____

Secondary Address: _____

Primary Address: _____

City/State/Zip: _____

Contact Person: _____

Telephone Number: _____ Fax Number _____

(1) Are you incorporated? YES NO (Circle One)

(2) Do you enter the Madisonville City Limits to conduct business? Yes No (Circle One)

If the response to question (2) is yes, please continue.

(3) What is your fiscal year end month? January, February, March, April, May, June, July,
August, September, October, November, December

(4) Do you have employees? YES NO (Circle One)

Authorized Signature

Date

Please Fax to: Accounts Payable Department
(270) 821-0271

or Mail to: City of Madisonville
Accounts Payable Department
P.O. Box 1247
Madisonville, KY 42431