



Colorado Springs Utilities

It's how we're all connected

Enter Name of the Colorado Springs Utilities staff member requesting this form be completed.

Does this company function solely as a manufacturer rep or distributor? Yes _____ No _____
If Yes, is invoice payment sent to your remit-to address or to the manufacturer's? Yes _____ No _____
(If Yes, please attach or forward a list of the companies with their corresponding remit-to addresses.)

Does this company have more than one location with the **same Federal Tax ID number** that Colorado Springs Utilities also conducts transactions with? Yes _____ No _____
(If Yes, please copy and complete this form for each location.)

Company Name

Address for Purchase Orders (Street or P.O. Box, City, State, Zip Code)

Address for Request for Quotes or Contracts (Street or P.O. Box, City, State, Zip Code)

Telephone Number

Fax Number to send a Purchase Order or a Request for Quotes

Company Web Address

Company E-mail Address

E-mail Address for Purchase Orders or Request for Quotes

Contact Name and Position Title

Contact's Telephone, Fax Number and E-mail address (if different from those listed above)

Remit-To Information (Invoice Payment) Company Name, Address, Telephone and Fax Number

(If a different company, please send a separate and completed W-9)

PLEASE CHECK ALL THAT APPLY:

- *Small Business _____
- *Disadvantaged _____
- *Woman Owned _____
- *Hub-Zone _____
- *Veteran Owned _____ Service Disabled Veteran _____
- *Vietnam Veteran _____

- *Business is 51 percent owned by physically disabled individual(s) _____
- *Please attach supporting documentation of these business classifications.

ETHNICITY OF BUSINESS

(Please check at least one if applicable)

- Black American _____
- Hispanic American _____
- Asian Pacific American _____
- Subcontinent Asian American _____
- Native American _____