



# Lincoln County Government

## Vendor Application

PLEASE PRINT OR TYPE

ATTACH W-9 FORM, if applicable

Date: \_\_\_\_\_

Company/Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For Internal Use Only

Vendor Number: \_\_\_\_\_

GL Account Number: \_\_\_\_\_

W-9 Form Attached

1099 Vendor

Entered/Updated