

**OAKLAND COUNTY COMMUNITY
&
HOME IMPROVEMENT
DIVISION**

CONTRACTOR REGISTRATION PACKET

**OAKLAND COUNTY COMMUNITY & HOME IMPROVEMENT DIVISION
250 ELIZABETH LAKE ROAD, SUITE 1900
PONTIAC, MI 48341-0414**

In order to process payments from Oakland County, each payee/vendor must be on the Master Vendor List. Please complete and return the attached Vendor Registration form and the Request for Taxpayer Identification Number and Certification (Form W-9) to the following address:

OAKLAND COUNTY COMMUNITY &
HOME IMPROVEMENT DIVISION
250 ELIZABETH LAKE ROAD, SUITE 1900
PONTIAC, MI 48341-0414

All payments must be made electronically to your bank account. Therefore, please complete and return the ACH VENDOR REGISTRATION FORM – ELECTRONIC FUNDS TRANSFER (EFT).

INSTRUCTIONS

Please type or print clearly the information on the Registration Form.

INCOMPLETE REGISTRATION FORMS WILL BE DISCARDED

1. TAX IDENTIFICATION NUMBER:

This is your nine digit Tax Identification Number. Enter the number that is used when reporting tax earnings as shown on the Request for Taxpayer Identification Number and Certification (Form W-9) included in this packet. This may be your Federal Employer Identification Number (FEIN/TIN), or your Social Security Number (SSN). If you are a sole proprietorship, you should enter your Social Security Number.

2. BUSINESS/INDIVIDUAL NAME AND ADDRESS:

Enter your company (or individual) legal business name and address. Payments will be sent to this address, unless otherwise noted (see #3 below).

3. REMITTANCE ADDRESS:

Complete only if different from address (see #2 above). Enter the address where you want payment sent.

If more space is needed for any additional information, please attach a separate sheet of paper to the registration form.

TO BE CONSIDERED AN ACTIVE CONTRACTOR AND TO RECEIVE ANY PAYMENTS DUE, THE OAKLAND COUNTY COMMUNITY & HOME IMPROVEMENT DIVISION MUST RECEIVE A SIGNED AND DATED W-9 FORM. A W-9 FORM IS INCLUDED IN THIS PACKET OR YOU CAN DOWNLOAD THE FORM VIA THE INTERNET AT WWW.IRS.GOV.

IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO NOTIFY THE OAKLAND COUNTY COMMUNITY & HOME IMPROVEMENT DIVISION OF ANY AND ALL CHANGES TO THIS APPLICATION. A VENDOR CHANGE REQUEST FORM CAN BE OBTAINED BY CALLING (248) 858-0192.

VENDOR REGISTRATION

Oakland County Community and Home Improvement Division

250 Elizabeth Lake Road, Suite 1900
Pontiac MI 48341-0414
Attn: Joe DelMorone
Phone (248) 830-9411
Fax (248) 858-5311

TAX IDENTIFICATION NUMBER:
(Use Social Security Number if sole proprietor)

TIN SSN

Please type or print clearly. Complete all sections. Incomplete applications will be discarded.

Business/Individual Name & Address		
Legal Business Name*		
Address*		
City*	State*	Zip*
Phone* ()		
Fax ()		
Contact*		
Title		
E-mail		

Remittance Address		
Address		
City	State	Zip
Phone ()		
Fax ()		
Contact		
Title		
E-mail		

*REQUIRED FIELDS

Requestor's Name (please print)

Requestor's Signature (required)

Date

**OAKLAND COUNTY
ACH VENDOR REGISTRATION FORM
Electronic Funds Transfer (EFT)**

INSTRUCTIONS: Please type or print clearly. Complete all sections. Incomplete applications will be discarded.

PAYEE/VENDOR INFORMATION			
Name :			
Address:			
Tax Identification Number: (use SSN if individual or sole proprietor)		E-mail Address*	
	TIN <input type="checkbox"/>	SSN <input type="checkbox"/>	
Contact Person Name	Title	Telephone Number:	Fax Number:
FINANCIAL INSTITUTION INFORMATION			
Name:			
Nine-Digit Routing Transit Number: (located on lower left hand of check, not on a deposit slip)			
Account Number:			
Account Type:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Signature (required)

Date

*E-mail Address is required for notification purposes.

RETURN TO:

VENDOR REGISTRATION
Oakland County Community and Home Improvement Division
250 Elizabeth Lake Road, Suite 1900
Pontiac MI 48341-0414
Attn: JoeDelMorone
Phone (248) 830-9411
Fax (248) 858-5311

ATTACH COMPLETED W-9 HERE