



The Town of Horizon City is in the process of updating our current Vendors' information. If you have not done so within the last six (6) months, please complete and return the enclosed Vendor Application Forms. This Information is necessary for the Town to process payables in a timely manner.

The requirements for processing invoices are:

1. Vendor Application needs to be filled out/EFT is required.
2. Federal Tax ID/Sole Proprietor SSN (W-9).
3. Conflict of Interest (CIQ) Form signed and dated.
4. Certificate of Insurance is required if you are doing services on City property to issue the Purchase Order. COI should be returned with other required forms.
5. You must obtain a purchase order from the Town's personnel prior to fulfilling orders of goods and/or services provided to the Town.
6. **Quote and Invoice requirements:** For Quotes: Company Name, Address, Remittance Address, Contact Information. For Invoices: Purchase Order, Invoice Number, Invoice Amount.

The Town will not process payment for purchases of goods and/or services without a purchase order on hand. As noted in the vendor information sheet, the Town operates on a net **30-day** rule for payment of goods and/or services. All payments to vendors will be processed with electronic payments through the ACH process. Your banking information must be correct on the Vendor Information Sheet.

If you have any questions or concerns regarding Vendor Forms, please contact our Finance Department at accountspayable@horizoncity.org or (915) 852-1046.

Respectfully,

Defia Dominguez

AP Finance Assistant

Finance Department

Town of Horizon City

**TOWN OF HORIZON CITY
VENDOR INFORMATION FORM**

This form must be accompanied by an IRS Form W-9 and Conflict of Interest Questionnaire

Department Requesting: Choose an item. Telephone# Department: Choose an item. Contact: Choose an item.

- Add Update Inactivate
 Vendor Contractual Employee City of Horizon Employee

Vendor Information

Company Name:	
DBA Name:	
Business Address:	
City, State, Zip Code:	
Contact Name, Title, E-Mail:	
Phone, Fax, Other:	
Web Page:	

If Company is Located in Texas, are you authorized to collect Texas Sales Tax?

Yes No If yes, please provide Permit No. _____

Is your Company Registered with the Town of Horizon City (Public Works Department)?

Yes No If yes, please provide Permit No. _____

VENDOR STATUS:

Yes No Small business concern (Less the 100 employees or less than \$1,000,000.00 Annual Receipts)

Yes No Disadvantage business concern (at Least 51% owned by one or more socially disadvantaged individuals: or, a publicly owned Business at least 51% of the stock owned by one or more of such individuals.) Of your company is certified please send us a photo Copy. We must have an updated copy of the certificate on file. DDBES included (Please Mark one :)

Black Americans Hispanic Americans Native Americans Asian-Pacific Americans

Yes No Woman-owned business (at least 51% owned by a woman or women who also control and operate it.)

"Control" in this context means exercising the power to make policy decisions.

"Operate" in this context means being actively involved in the day-to day management.

Yes No Handicapped (at least 51% owned by a person or persons with an orthopedic, hearing, mental or visual impairment which substantially limits one or more of his/her/their life activities.)

Yes No Local business enterprise (At least 51% of which is owned by a resident or residents of El Paso County and the principal place of business is in El Paso County.)

Yes No Hub (historically underutilized business) If your company is certified please send us a photocopy. We need to have an updated Copy of the certificate on file.

Vendor EFT Payment Required:

I agree to receive payment for goods and/or service provided to the Town of Horizon City through an Electronic Fund Transfer (EFT) process. The following information should be used to set up the payment.

E-mail (is required for Payment Notification) _____

Action Requested: Start Direct Deposit Change direct Deposit Stop Direct Deposit

Financial Institution: _____

Type of Account: Checking Savings

Bank Account Number: _____

Routing Number (ABA) 9 Digits Required: _____

Remittance Address for Manual Checks: [Needs to be Approved by Finance Director]

Remittance Address:	
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Contractual Employees or Vendors

- Based on W-9, Individual/Sole Proprietor, Partnership, Limited Liability Company (all LLCs C=Corporation, D=Disregarded Entity, S= Corporation, P=Partnership) are marked as withholding, Corporation is not marked as withholding.

Town of Horizon City Employees (IRS-Withholding not required for the following Items)

- Pension Refund Mileage Retirement Reimbursement P Settlement Travel Request Union Reimbursement