

Vendor Application Form
 Procurement Department
 44865 Loudoun Water Way
 Ashburn, Virginia 20147
procurement@loudounwater.org
 Phone: 571.291.7700 Fax: 571.223.2513

Directions: Please complete the Loudoun Water Vendor Application Form and return with IRS Form W-9 to the Procurement Department: procurement@loudounwater.org. This Application Form and Form W-9 will replace any records currently on file. Please complete all fields and insert "N/A" when not applicable.

SECTION 1: Business Information

Business Name:
 (as reported on Form W-9)

SBSD Certification: Small Business Woman-Owned Minority-Owned Service Disabled Veteran-Owned Employment Service Organization
Minority Classification Type: Asian American Hispanic American Native American African American

Primary Contact & Address *Primary point of contact for your company's vendor account.*

| | | |
|----------------|--------------|---------|
| First Name: | Last Name: | Email: |
| Street Number: | Street Name: | PO Box: |
| City: | State: | Zip: |
| Country: | Telephone: | Fax: |

Ordering Contact & Address Same as Primary Contact Address *This contact receives Purchase Order email notifications.*

| | | |
|----------------|--------------|---------|
| First Name: | Last Name: | Email: |
| Street Number: | Street Name: | PO Box: |
| City: | State: | Zip: |
| Country: | Telephone: | Fax: |

Payment Contact & Address Same as Primary Contact Address *This contact receives ACH payment email notifications.*

| | | |
|----------------|--------------|---------|
| First Name: | Last Name: | Email: |
| Street Number: | Street Name: | PO Box: |
| City: | State: | Zip: |
| Country: | Telephone: | Fax: |

SECTION 2: IRS Form W-9

Complete and Submit Form W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

SECTION 3: Application for Automated Clearing House (ACH) – Loudoun Water requests that all vendors accept payment by ACH. Request for check payment will be considered as an exception and reviewed on a case by case basis.

Financial Institution Name: _____

Routing/Transit Number: _____

Bank Account Number: _____

Type of Account: Checking Savings

I hereby authorize Loudoun Water (Loudoun County Sanitation Authority) and the financial institution identified above to electronically deposit my A/P monies into my designated account and to correct my account for any amounts deposited to it to which I am not entitled.

| | |
|----------------------|-------|
| Authorized Signature | Date |
| Print Name | Title |