



CITY OF VISTA VENDOR INFORMATION SHEET

REMITTANCE INFORMATION:

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____ CONTACT PERSON: _____

FAX NO: _____

EMAIL ADDRESS: _____

REMITTANCE METHOD: () NORMAL CHECK () EFT PAYMENT

BANKING INFORMATION IF EFT PAYMENT IS DESIRED:

BANK ACCOUNT NAME: _____

ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ () CHECKING () SAVINGS

FEDERAL TAX ID NO.: _____ STATE TAX ID NO: _____

() CHECK IF THIS IS A REFUND OR REIMBURSEMENT

ORDER INFORMATION:

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPROVED BY: _____ DATE: _____

Please email form to Jan Yelland at jyelland@ci.vista.ca.us or FAX form to Finance Dept. at (760) 639-6171 ATTN: Accounts Payable