



City of Vista

VENDOR INFORMATION SHEET

Remittance Information

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ Contact Name: _____

Fax #: (____) _____ - _____ E-mail: _____

Remittance Method: Normal Check EFT Payment

Banking information if EFT payment is desired

Bank Account Name: _____

Bank Routing Number: _____ Bank Account Number _____

Bank Account Type: Checking Savings

Federal Tax ID #: _____ State Tax ID #: _____

Check if this is a refund or reimbursement

Order Information

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Approved By: _____ Date: _____

<p>Mail form to: City of Vista ATTN: Cindy Choquette 600 Eucalyptus Avenue Vista, CA 92084</p>	<p>OR</p>	<p>Fax form to: (760) 639-6171</p>	<p>OR</p>	<p>E-mail form to: cchoquette@ci.vista.ca.us</p>
--	------------------	--	------------------	---