

# City of Madisonville, Kentucky

## Vendor Information Request Form

Federal ID Number: \_\_\_\_\_ or Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Attention: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

(1) Are you incorporated? YES NO (Circle One)

(2) Do you enter the Madisonville City Limits to conduct business? Yes No (Circle One)

If the response to question (2) is yes, please continue.

(3) What is your fiscal year end month? January, February, March, April, May, June, July,  
August, September, October, November, December

(4) Do you have employees? YES NO (Circle One)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please Fax to: Accounts Payable Department  
(270) 821-0271

or Mail to: City of Madisonville  
Accounts Payable Department  
P.O. Box 1247  
Madisonville, KY 42431