



City of Reno Vendor Verification Form

Vendor DBA Name: _____

EIN: _____ W-9 Attached

City of Reno Business License # _____ Exp Date _____

Payment Remittance Address: _____

Accounts Receivable Contact Name: _____

Accounts Receivable Phone #: _____

Email address: _____

Unique Entity Identifier (UEI) # If Applicable: _____ Confirmed if one is not provided

If vendor is providing services under a federal grant and is other than a sole proprietorship, please provide

the names of the key principals: _____

Is your entity a law firm? Yes No

Are you interested in ACH payment? Yes No