



EXHIBIT A



City of Pittsburgh
Vendor Registration Form

General Information

Vendor Name (DBA): _____

Legal Name: _____

Company Description of Services/Goods: _____

Business Type: [] Corporation [] Non-Corporate [] Individual

Main Address: _____

City: _____ State: _____ Postal Code: _____

County: _____ Country: _____

Tax ID: _____

Main Contact: _____

Phone: _____

Email: _____

1. Minority or Women Owned? [] Yes [] No

If yes, please select all applicable below:

[] Asian Pacific American [] African American [] Hispanic American [] Native American

[] Subcontinent Asian American [] Non-Minority Woman

2. Veteran Owned? [] Yes [] No

3. Do you accept Visa Purchasing cards? [] Yes [] No

4. Is there a fee for using credit cards? [] Yes [] No If yes, how much? _____

5. Would you be interested in ACH? [] Yes [] No

6. Would you be interested in ePayables? [] Yes [] No

Purchase Order Transmission Information

Check the box of the preferred means of communication for receiving Purchase Orders. Provide a general email or fax number for all purchase orders to be directed. This should be an email address or fax that is monitored daily.

[] Email (preferred) _____

[] Fax _____

Remit-to Information [] Same Address as General Information

Remittance Address: _____

City: _____ State: _____ Postal Code: _____

Note: The City of Pittsburgh's standard payment terms are Net 45

By signing below the vendor acknowledges that the City of Pittsburgh accepts no responsibility for goods, equipment or services delivered without a formal written Purchase Order and/or Change Order.

Signature of Corporate Officer

Title

Printed Name

Date