MATANUSKA-SUSITNA BOROUGH

Purchasing Division

350 East Dahlia Avenue • Palmer, AK 99645
Phone (907) 861-8601 • Fax (907) 861-8617
www.matsugov.us/purchasing

January 28, 2015

All Prospective Bidders/Vendors

RE: Purchasing Vendor application

Thank you for your interest in becoming a vendor for the Matanuska-Susitna Borough (MSB). The Purchasing Division uses the attached forms to gather vendor information and to upload that information into our financial program. Once the vendor's information is loaded, departments throughout the borough can requisition services and/or supplies from these vendors through the issuance of Purchase Orders. Vendors are warned, no request for services or supplies is authorized except by the receipt of a purchase order signed by the Purchasing Officer or designated representative. If you wish to register with the borough to be a vendor, please complete and return both the Vendor application and the Alternate W-9 form to the Purchasing Division.

Vendors/Contractors wishing to bid on a Borough solicitation may do so without an application on record, but will have to complete and submit an application prior to any purchase order being issued.

This application is only to register with the Matanuska-Susitna Borough. Vendors or contractors wishing to conduct business with any other entities i.e. State of Alaska, MSB School District, or the Cities of Palmer and Wasilla, should contact the respective agency directly.

If you have questions, please feel free to contact the Purchasing Division.

Sincerely,

Rustin M. Krafft
Purchasing Officer
Matanuska-Susitna Borough

MATANUSKA-SUSITNA BOROUGH
PURCHASING DIVISION OF ADMINISTRATION

350 East Dahlia Avenue, Palmer, Alaska 99645-6488
PHONE (907) 861-8601 • FAX (907) 861-8617
E-MAIL: purchasing@matsugov.us

Note: Please complete all blocks on form, insert N/A if not applicable	1. TYPE OF APPLICATION ____INITIAL ____REVISION	2. Date

3. COMPANY NAME			4. REMIT PAYMENT TO ADDRESS (if different then block 3)		
MAILING ADDRESS (for purchase orders)			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
5. TELEPHONE	FAX		6. TELEPHONE	FAX	

7. TYPE OF ORGANIZATION (CHECK ONE)	8. 1099 ADDRESS (if different than item 3)		
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ NON-PROFIT ☐ SOLE PROPRIETOR ☐ CORPORATION INCORPORATED UNDER THE LAWS OF THE STATE OF:_____ ☐ OTHER:_____	STREET ADDRESS		
	CITY	STATE	ZIP

9. NAMES OF OFFICERS, OWNERS OR PARTNERS		
PRESIDENT	VICE PRESIDENT	SECRETARY
TREASURER	OWNERS OR PARTNERS	
10. TIN/EIN/SSAN	11. EMAIL ADDRESS	12. COMPANY WEBSITE

The information supplied herein is correct and neither the applicant nor the person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the Federal Government, State of Alaska or the Matanuska-Susitna Borough from making offers for furnishing materials, supplies or services to any agency identified above.

13. PRINTED NAME OF AUTHORIZED PERSON	14. SIGNATURE
15. PRINTED TITLE	16. DATE

MATANUSKA-SUSITNA BOROUGH

February 12, 2007

350 E DAHLIA AVE, PALMER, ALASKA 99645-6488 • (907)745-4801
ACCOUNTS PAYABLE • (907)745-9626 FAX(907) 746-7412

ALTERNATE W-9 FORM

*Matanuska-Susitna Borough **may** be required by law to report to the IRS, on FORM 1099, payments we have made to certain payees during the year **for services.** The **PAYEE'S TAXPAYER IDENTIFICATION NUMBER** is required on **FORM 1099.** The law provides for assessment of a $50 penalty for each Form 1099 filed with a missing or an incorrect Payee's Taxpayer Identification Number. If the Matanuska-Susitna Borough has requested this information, the penalty is assessed against the Payee.*

Name:	Vendor #:
Address:	Phone :
	Fax :
City/State/Zip:	E-Mail :
	Web Site :

✓	*Business Type*	*Social Security #*	*Tax Identification #*	*Nature of Business*
	Individual (SS#)	✓ _____		
	Sole Proprietor Owner Name (SS#) & Business Name (TIN#)	✓ _____ ✓ *Owner Name:* _____	✓ _____ *Business Name:* _____	
	Partnership (TIN#)	✓ _____ *Partnership Name:*	√ _____	
	Corporation (TIN#)		✓ _____	
	Professional Corporation		✓ _____	
	Government (TIN#)		✓ _____	
	Non-Profit (TIN#)		✓ _____	*Attach Tax Determination Copy*
	Foreign (TIN#)		✓ _____	
	Employee (SS#)	✓ _____		
	Other-Explain (TIN#)		✓ _____	

*The law also requires a Payer to withhold **28%** of payments reportable on Form 1099, unless the Payee's correct Social Security or Taxpayer Identification Number has been furnished to the Payer. To avoid possible penalties and withholding from payments, please complete the items above that are applicable to you and **return this form within thirty days.***

Under penalties of perjury, I certify that the number shown on this form is a correct Social Security or Taxpayer Identification Number and all other information is true, correct and complete.

*NAME*_____ *DATE*____/____/_____

*TITLE*_____ *PHONE* (___) ____-_____