



### NEW BUSINESS VENDOR INFORMATION FORM

The Fort Worth Transportation Authority, dba Trinity Metro, looks forward to working with your organization. Complete this Vendor Form and email to [VendorData@rideTM.org](mailto:VendorData@rideTM.org) or mail form to Trinity Metro, Attn: **Procurement Assistant - Procurement Department**, 801 Grove Street, Fort Worth, TX 76102. Please include your company’s latest **W9** and current **Certificate of Insurance**. If you have questions, please contact Tashana Hayes at 817.215.8700. The information you provide is for internal purposes only.

**A. Business Name:**

Legal Business Name: \_\_\_\_\_

Registered DBA, if different from above: \_\_\_\_\_

Federal ID: \_\_\_\_\_

**B. Ordering Information:**

Mailing Address\*: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Net Terms: \_\_\_\_\_

**C. Payment Information:**

<b>Payment Type (select one):</b>	<input type="checkbox"/> ACH	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Wire
Billing Address*:	_____			
City/State/Zip:	_____			
Remittance Contact:	_____			
Phone:	_____	Fax:	_____	
Remittance Email Address:	_____			



**D. Contact Information:**

Contact 1		Contact 2	
Name:		Name:	
Title:		Title:	
Email:		Email:	
Phone:		Phone:	

**E. Preferred method of receiving purchase orders (required, select one only):**

- E-mail                       Fax

**F. Supplier Diversity Classification:**

Select all classifications that apply to your business, if applicable:

Certificate	Certificate Number	Certifying Agency
<input type="checkbox"/> DBE		<input type="checkbox"/> North Central Texas Regional Certification Agency
<input type="checkbox"/> MBE		<input type="checkbox"/> Texas Unified Certification Program
<input type="checkbox"/> WBE		<input type="checkbox"/> D/FW Minority Supplier Development Council
<input type="checkbox"/> SBE		<input type="checkbox"/> Women’s Business Council Southwest
<input type="checkbox"/> Other		<input type="checkbox"/> State of Texas
<input type="checkbox"/> Non		<input type="checkbox"/> Other

**Company Ethnicity:**

- Asian Indian
- Asian Pacific
- African American/Black
- Hispanic/Latino
- Native American
- Caucasian

**Company Gender:**

- Male
- Female
- Other



**G. Classification of goods and/or services provided:**

Reference the attached list to select the 3-digit commodity codes that best describe the good(s) or service(s) that your company provides.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**\*OFFICE USE ONLY:**

*Note: If address in "Ordering Information" and "Payment Information" sections are different, create a Vendor Remit account in addition to the primary Vendor account.*

JDE Supplier#:		JDE Supplier VR #:	
Vendor Setup Approved By:		Date:	
Entered in JDE By:		Date:	