

CITY OF FAIRBANKS
800 CUSHMAN STREET
FAIRBANKS, AK 99701-4615
www.fairbanksalaska.us



CITY FINANCE DEPARTMENT
PHONE: 907.459.6714
FAX: 907.459.6722
accounting@ci.fairbanks.ak.us

VENDOR REGISTRATION FORM

PLEASE COMPLETE THE BELOW INFORMATION TO REGISTER WITH THE CITY OF FAIRBANKS.

VENDOR NUMBER (assigned by the City of Fairbanks): _____

COMPANY NAME: _____

DOING BUSINESS AS (D/B/A): _____

WEBSITE ADDRESS: _____

REMIT ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

CONTACT TITLE: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

PURCHASE ORDER ADDRESS (if different from remit address above):

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SEND PURCHASE ORDER BY (please select only one): MAIL EMAIL

STANDARD TERMS, DISCOUNTS AND TYPE:

DAYS TO NET: _____ DAYS TO DISCOUNT: _____ DISCOUNT %: _____

TYPE OF VENDOR: _____ NIGP CODE: _____