



City of Dallas

EMPLOYEE VENDOR REGISTRATION FORM

Please complete form to obtain a Vendor Number

Note: Correspondence Type Field already completed by BDPS*

| | |
|-------------------------------|-------------------|
| Employee Name: | |
| Employee # | |
| Social Security Number | |
| Correspondence Type | US POSTAL* |
| Contact Person Name | |
| Contact Person Phone Number | |
| Contact Person E-mail Address | |

*Business Development & Procurement Services (BDPS)