

CITY OF PIQUA

VENDOR REQUEST FORM TO RECEIVE ELECTRONIC PURCHASE ORDERS

Please print or type the information on this form legibly. Email the completed document to Bev Yount at byount@piquaoh.gov.

Vendor Name: _____

Contact Person (First name, Last name): _____

Contact Person's Email Address: _____

Contact Person's telephone number: _____

Contact Person's cell phone number: _____

Contact Person's fax number: _____

Contact Person's Title or Position: _____

If not an officer, name of Chief Financial Officer or equivalent: _____

Signature: _____

Date: _____

By signing above, I agree to receive the City of Piqua's purchase orders via email only to the contact person listed above and understand that no paper copy of the purchase order will be sent by the City of Piqua. If at any time, I wish to revoke this procedure of receiving electronic purchase orders, I must contact the City of Piqua Finance Department at 937-778-4002.

By signing, I also agree to abide by and be governed by the City of Piqua's standard terms and conditions, which are listed on the City's website at www.piquaoh.gov.