

ACIS Vendor Information Form

CITY OF PHILADELPHIA
CAPITAL PROGRAM OFFICE
ONE PARKWAY, 1515 ARCH STREET
PHILADELPHIA, PA 19102



Date Requested: _____

I.
Requester: _____ Department: _____
Phone Number: _____ Fax Number: _____

II.
New Acis Vendor _____ or Change in information to existing ACIS Vendor _____
Vendor Name: _____
Federal Tax ID (9 digits): _____
City of Phila. Tax ID (7 digits): _____
Business License Number (6 digits): _____

Profit Status: (Circle One) Legal Status: (Circle One)
Profit Corporation
Non-Profit Unincorporated Individual
 Ltd. Liability Partnership (LLP)
 Partnership
 Sole-Proprietor
 Unincorporated Association

III.
Address Type: Payment (FAMIS)
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
City: _____
State: _____
Zip: _____
General Phone: _____
Contact Name: _____
Contact Title: _____
Contact Phone: _____
Fax: _____

IV.
Address Type: Other (Contract Office)
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
City: _____
State: _____
Zip: _____
General Phone: _____
Contact Name: _____
Contact Title: _____
Contact Phone: _____
Fax: _____

FOR OFFICE USE ONLY

Date Received: _____ Date Completed: _____