



Department of Public Utilities
Vendor Information Form

DEPARTMENT USE ONLY VENDOR # _____

[] New Vendor

[] Update Vendor Info

This form must be submitted with a completed IRS W-9 form. Mail or fax back completed forms to:

Department of Public Utilities
Attn: Accounts Payable
PO Box 1057
Orangeburg, SC 29116

Phone Number: (803) 268-4055
Fax Number: (803) 268-4098
Email: dpu-ap@orbgdpu.com

Legal Name of Company: _____ Tax ID# _____
(Name on Federal Tax Return) (FEIN or SSN):

Company Name: _____
if different from above, i.e. DBA Organization Type: [] Corporation [] Other

[] LLC

[] Non Profit*

[] Individual/Sole Proprietor

Type of Company: [] Subcontractor [] Supplier [] Both

Purchase Orders Mailing Address:

Remit Address:

Line 1: _____
Line 2: _____
Line 3: _____
City: _____
State: _____ Zip: _____
E-Mail: _____
Phone: _____
Fax: _____
Contact Name: _____

Line 1: _____
Line 2: _____
Line 3: _____
City: _____
State: _____ Zip: _____
E-Mail: _____
Phone: _____
Fax: _____
Contact Name: _____

Insurance Coverage

Vendors performing any service on the Department's premises or utility system shall procure and maintain at all times the following insurance with minimum limits equal to the amount indicated below.

Insurance Company: _____
Insurance Agent: _____
Contact Person: _____
Agent Phone: _____

Minimum requirement

General Liability \$1,000,000

Worker's Compensation \$500,000

Name of Person or Department with whom you anticipate doing business once approved:

Contact Name: _____ Commodities/Services Offered: _____
Department: _____

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Print Name _____

Title _____

Signature _____

Date _____

All vendors must supply the following:

IRS form W-9

E-verify Affidavit

General Liability & Worker's Comp Certificates (if applicable)

Contractor Affidavit (if applicable)