



# Vendor Name and / or Address Change Form

CITY OF PHILADELPHIA - Procurement Department  
1401 JFK BLVD. Room 170B - Philadelphia, PA 19102-1685  
[www.phila.gov/procurement](http://www.phila.gov/procurement) (215) 686-4720 or 4755

By signing this form you verify that all information submitted to the City of Philadelphia is true and correct and you are notified that submission of false information by you is subject to the penalties of 18 Pa.C.S. Section 409 relating to unsworn falsification to authorities.

PLEASE COMPLETE THE INFORMATION REQUESTED ON THIS FORM

IF THIS IS A REQUEST FOR A NAME CHANGE, PLEASE INCLUDE SUPPORTING LEGAL DOCUMENTATION OF CHANGE  
EMAIL THIS FORM, YOUR W-9, AND SUPPORTING LEGAL DOCUMENTATION TO [PHLContracts@phila.gov](mailto:PHLContracts@phila.gov)

Name of Business: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Are you registered with the City of Philadelphia's Office of Economic Opportunity (OEO)? Yes No

Select OEO Certification Type: MBE WBE MWBE DSBE

Certification #: \_\_\_\_\_

Are you registered on PHLContracts? Yes No

Are you registered as a small business with System for Award Management (SAM)? Yes No

**FROM**

**TO**

Federal Tax ID #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MAILING ADDRESS FOR BIDS & PURCHASE ORDERS (PHYSICAL ADDRESS, No P.O. BOXES)

Address Line 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

EMAIL ADDRESS OF PRESENT CONTACT PERSON: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

### ADDRESS TO WHICH PAYMENT SHOULD BE MADE

Address Line 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address Line 2: \_\_\_\_\_

City /State/ Zipcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_



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## ADDRESS OF CORPORATE HEADQUARTERS:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL THIS FORM, YOUR W-9, AND SUPPORTING LEGAL DOCUMENTATION TO [PHLContracts@phila.gov](mailto:PHLContracts@phila.gov)