

CITY OF  
*Beachwood*  
LOCAL VENDOR REGISTRATION FORM

**City of Beachwood, Finance Department, 25325 Fairmount Blvd., Beachwood, Ohio**  
Questions? Please call 216-292-1913.

Please submit the registration form electronically by emailing [Purchasing@beachwoodohio.com](mailto:Purchasing@beachwoodohio.com).

COMPANY NAME: \_\_\_\_\_ W-9 ATTACHED:  Yes  No

TYPE OF BUSINESS: \_\_\_\_\_ INSURED:  Yes  No

GOODS/SERVICES PROVIDED: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**By checking this box, I attest all of the information given above is true and accurate.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*The City of Beachwood thanks you for your interest!*