



# Vendor Form

Please return this form, your W9 and any future invoices or statements to [invoices@lpzoo.org](mailto:invoices@lpzoo.org)

Vendor Name	Business Name (DBA)	Main Phone Number	
Business Address		City, State	Zip Code
Remittance Address		City, State	Zip Code
Contact Name (Accounting)	Phone Number	E-mail Address	
Sales Contact	Phone Number	E-mail Address	
Business Type (attach W9)	Payment Terms - <a href="mailto:invoices@lpzoo.org">send invoices to invoices@lpzoo.org</a>		
Corporation	Net 30		
LLC	Net 10		
Partnership	1% - 15, Net 30		
Sole Proprietor	2% - 10, Net 30		
Not for Profit	Due Upon Receipt		
Other	Other		
Type of Product or Service Offered			

Do you accept VISA Active Pay/ P-Cards/Purchase Cards for payment (without surcharges)?

YES  
NO

Do you accept ACH/Wires for payment?

YES  
NO

We only accept checks.

Checks Only

E-mail Address for Remittance

Bank Name (for ACH/wires)

Routing Number (for ACH/wires)

Account Number (for ACH/wires)

**Diversity Business Status -If 51% or greater is owned by a diverse group(s),please check below.**

MBE-Minority Owned

Certified  
Not Certified

WBE- Woman Owned

Certified  
Not Certified

DBE- Disadvantage Owned

Certified  
Not Certified

VBE- Veteran Owned

Certified  
Not Certified

LGBTQ+ Owned

Certified  
Not Certified

Not a Diverse Business, None of the Above

Other- Do you hire or work with Tier 2, Tier 3? Do you have a business diversity policy? Please explain.

Please acknowledge agreement to represent and warrant the following:

A. No Current or Prior Conflict of Interest. The Vendor/Contractor has no business, professional, personal, or other interest, including, but not limited to, the representation of other clients, that would conflict in any manner or degree upon working with Lincoln Park Zoo. Please disclose below, if any family member or relative is employed by Lincoln Park Zoo.

B. Notice of Potential Conflict. If any such actual or potential conflict of interest arises, Vendor/Contractor shall immediately inform LPZ in writing of such conflict.

**I acknowledge No Current or Prior Conflict of Interest**

**I am disclosing the following Conflict of Interest**

Conflict Discloser:

Signature:

Date: