

# Dakota County Supplier Registration Form

| Date:                                                                        | Type of Request:     | New Registration                  | Update Existing Registration |           |
|------------------------------------------------------------------------------|----------------------|-----------------------------------|------------------------------|-----------|
| Requested by (Name/Title):                                                   |                      |                                   |                              |           |
| I/we certify that the information provided in this form is true and correct. |                      |                                   |                              |           |
| Supplier Information                                                         |                      |                                   |                              |           |
| Supplier Name:                                                               |                      |                                   |                              |           |
| DBA (if applicable):                                                         |                      |                                   |                              |           |
| Address:                                                                     |                      | City:                             | State:                       | Zip Code: |
| Description of Products and/                                                 | or Services provided | d:                                |                              |           |
| Payment Remittance Info                                                      | ormation             |                                   |                              |           |
| Payee Contact Name/Title:                                                    |                      |                                   |                              |           |
| Address:                                                                     |                      |                                   |                              |           |
| Phone:                                                                       |                      | Fax:                              |                              |           |
| Email:                                                                       |                      |                                   |                              |           |
| Purchase Order Information                                                   | tion (if applicable  | ·)                                |                              |           |
| Purchasing Contact Name/Ti                                                   | tle:                 |                                   |                              |           |
| Address:                                                                     |                      |                                   |                              |           |
| Phone:                                                                       |                      | Fax:                              |                              |           |
| Email:                                                                       |                      |                                   |                              |           |
| Contract Information (if                                                     | applicable)          |                                   |                              |           |
| Contract Contact Name/Title                                                  | <b>::</b>            |                                   |                              |           |
| Address:                                                                     |                      |                                   |                              |           |
| Phone:                                                                       |                      | Fax:                              |                              |           |
| Email:                                                                       |                      |                                   |                              |           |
| Forms and Certificates                                                       |                      |                                   |                              |           |
| W9 Form Attached (Re                                                         | equired) Co          | ertificate of Insurance Liability | Attached (if applicable      | )         |
| Submission Instructions                                                      |                      |                                   |                              |           |

RETURN THIS FORM AND W9 TO: Email: PEID@co.dakota.mn.us or FAX: 651-438-4603

Dakota County does not maintain a listing for potential Suppliers. Visit the Dakota County website to view current bids and solicitations: <a href="https://www.co.dakota.mn.us/Government/DoingBusiness/Purchasing/Pages/default.aspx">https://www.co.dakota.mn.us/Government/DoingBusiness/Purchasing/Pages/default.aspx</a>

## Setting Up Accounts for Dakota County Governmental Departments and Offices

### **BACKGROUND:**

Each Dakota County Department/Office has the responsibility to review and approve payments for invoices received. **Note:** Suppliers must send their invoice to the department or office specified on the County's Purchase Order/Contract. Invoice payment will be delayed if the department/office name (and/or purchase order number) is not referenced on correspondence, packing slip and invoices.

Please use the following information when setting up Dakota County Departments or Offices with a corporate account.

**NEW ACCOUNT FOR: GOVERNMENT, LOCAL** 

NAME: COUNTY OF DAKOTA – (Department/Office name as provided on Purchase Order.)

BILLING/SHIPPING ADDRESS: Department/Office address as provided on Purchase Order.

LOCATION: Department/Office location as provided on Purchase Order

### **AUTHORIZED PURCHASERS:**

• All Purchases: Purchase order is **REQUIRED.** 

• Emergency Verbal Orders: Carla Skog - Procurement Manager: (651) 438-4527

Main Office number: (651) 438-4585

**PURCHASE ORDER REQUIRED:** Yes - unless specifically exempted.

**TERMS:** NET 35 DAYS – per Minnesota State Statue unless special prompt payment discounts are provided by supplier.

**TAX EXEMPT**: As of January 2014, MN County Governments are tax exempt. You may download the ST-3 certificate and

the County W-9 form from our website: https://www.co.dakota.mn.us/Government/DoingBusiness/Purchasing

FEDERAL TAX I.D. NUMBER: 41-6005786

STATE TAX I.D. NUMBER: 8026539

**ACCOUNT TYPE: GOVERNMENT** 

#### **CONTACTS:**

Primary: Initial contact should be with department shown on purchase order.

Secondary: Procurement Manager or Buyer(s).

BANK REFERENCE: Wells Fargo Bank MN, N.A.

#### TRADE REFERENCES:

Innovative Office Solutions, 151 E Cliff Rd STE 40, Burnsville, MN 55337

Now Micro, 1645 Energy Park Dr, STE 200, Saint Paul, MN 55108

Grainger, 345 Plato Blvd E, Saint Paul, MN 55107