CITY OF ANN ARBOR, MICHIGAN

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New ERP Account Registration

Entity Legal Name: _____

DBA (as applicable): _____

Federal Tax ID or SSN: _____

Vendor Type (Goods / Services / Both): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Remit Address (if different): _____

City: _____

State: _____

Zip: _____

Primary Contact Name: _____

Phone Number: _____

Email: _____

Secondary Contact Name: _____

Phone Number: _____

Email: _____

I understand this form is for informational purposes and not a guarantee of future business.
I certify that I am authorized to complete this application and all information is accurate.

Signature: _____

Printed name and title: _____

Date signed: _____

Please return completed form to accountspayable@a2gov.org.