



CLACKAMAS COUNTY VENDOR SETUP AND CHANGE FORM

Action: START

CHANGE

Vendor Information (to be completed by Vendor)

Legal Name:	Last 4 of Tax ID:	
DBA Name:	Phone Number:	
Email Address:	AR/Finance Contact:	

What type of goods or services will you be supplying Clackamas County?

Attorney	Medical & Health Care	Material Goods/Products
Rent (Owner)	Rent (Property Manager)	
Professional Services	Client Services for a Social Benefit	

The below non tax **reportable** scenario applies:

Relocation Benefit	Restitution Payment
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Consistent with the County sustainability goals, all vendor payments will be made by ACH or Visa unless there is good cause for a paper check to be mailed.

Will Vendor Accept Visa Payment?

Yes

No

Request for ACH Payment Exception:

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Remit-To Address (ONLY if different than W-9)

Street/PO Box:		
City:	State:	Zip:

Additional Vendor Information (to be completed by Vendor)

Oregon Certified Minority (MBE), Women (WBE), Service Disable Veteran (SDV), Disadvantaged Business Enterprise (DBE), and Emerging Small Business (ESB) - provide certification number as applicable:

MBE		WBE		SDV		DBE		ESB	
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Documents to be submitted by Vendor:

This New Vendor Setup Form

IRS Form W-9 ([IRS Revision March 2024](#) required, must be a current signature date)

Authorization Agreement for ACH Payments

Clackamas County Department (to be completed by Department Requester)

Requester Name:		Email:	
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Email completed forms to requester or Finance-VendorMaintenance@clackamas.us

Note: Easements now have a separate form specific to the easement process