CITY OF DEER PARK NEW VENDOR INFORMATION SHEET

Please complete this form in its entirety and fax along with a copy of W-9 to:

CITY OF DEER PARK, ATTENTION ACCOUNTING: 281-478-4029

Vendor Name: Daktror	nics, Inc.			Addressed
Email Address sales@daktronics.com				<u> </u>
Payee Name: (if different	t from vendor name)			<u> </u>
Mailing Address Line 1	iling Address Line 1 201 Daktronics Drive			
Mailing Address Line 2				
Mailing Address Line 3				÷
City, state, zip	Brookings, SD	57006		
Phone number: 605-6	92-0200	Fax Number	605-697-0381	_
Contact: Austin Ne	(Area Code)	(Area	Phone: 605-692-0200	
Check appropriate box:			(Area Code)	_
□Individual/Sole proprie	etor E Corporat	ion □Partnership	Other	_
or Corporation/Partnership/	Other:			3 2
Employer Identification	Number	to some succession and the source		
Select vendor classificati Exempt, Governme Incorporated Exempt, Miscellan PC, Nonexempt Pr Sole Proprietor Partnership Other	ent Agency eous Vendor ofessional Organization			
I, CERTIFY THAT ALL I	NFORMATION IS CO	PRRECT		
R. Im				02/11/2020
SIGNATURE	The state of the s			DATE

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PLEASE SEND ORIGINAL INVOICE WHEN PAYING ALL BILLS:

Taxes: The CITY OF DEER PARK is exempt from all Federal Excise Tax and State of Texas Limited Sales Excise and Use Tax. Exemption certificates will be signed and executed by the Director of Administrative Services upon request when supported by an authorized purchase order number.