



City of Dickinson
4403 Hwy 3
Dickinson, Texas 77539

Vendor Certification Packet

Effective Date: July 15, 2025

This pamphlet is designed to explain how to become certified as a City of Dickinson vendor. Below is a list of forms that must be completed and returned to the Finance Department via email to finance@dickinsontexas.gov or via fax to (281) 746-9334.

Certification Forms

- (1) Vendor Statement of Agreement
- (2) New Vendor Information Form
- (3) IRS Form W-9
- (4) EFT/ACH Authorization Form (optional)

Purchasing Focus

The City of Dickinson purchases according to State and local laws, with the goal of obtaining the “best value” for the City. This may not always mean the lowest price. We consider such things as reputation, product quality, customer service, totality of proposal, compliance with local, state, and federal laws, cost, delivery, and other criteria.

Our website: www.dickinsontexas.gov

Please visit our website periodically, as we continue to communicate with our Certified Vendors and those interested in conducting business with the City regarding policy changes.

Vendor Statement of Agreement

The following City of Dickinson policy items must be agreed to by an authorized representative of the vendor.

1. **All invoices**, statements, and other correspondence must be emailed or mailed to one of the following addresses:

Finance@dickinsontexas.gov

**City of Dickinson
Finance - Accounts Payable
4403 Highway 3
Dickinson, Texas 77539**

2. All invoices are paid no later than 30 days past the later of the invoice received date or date of acceptance of the product or service by an authorized City representative, in compliance with the **Prompt Payment Act**, provided the invoice is sent to an above address.
3. Invoices for product purchases must include the Purchase Order Number. A Purchase Order is not valid unless it contains a signature from the City's Finance Director. Purchase Orders of any kind by phone are **NOT** permitted.

My signature below certifies that I am an authorized representative of the vendor named on the W-9, and that my company agrees to abide by the policy statements unless otherwise agreed to in writing.

Printed Name

Title

Signature

Date



NEW VENDOR INFORMATION

NAME: _____

PRIMARY ADDRESS: _____

REMIT ADDRESS: _____

TAX ID NUMBER: _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____

WEBSITE: _____

DISCOUNT % _____
(IF AVAILABLE FOR ALL PURCHASES)

SPECIAL INFORMATION: _____



EFT/ACH Authorization Form

The City of Dickinson Finance Department on behalf of the City, DEDC, and DMD#1 consistently makes every effort to make payments to our vendors within the terms agreed to and for the correct amounts. With this goal in mind, we offer you the opportunity to receive payments by Electronic Funds Transfer (EFT)/ACH. We believe this method of payment will make the process more efficient. If you are interested, please complete this form and email or fax it back to us.

Company Name: _____

Financial Institution: _____

Routing/ABA number: _____ Bank Account number: _____

Checking

Savings

Complete Bank Address: _____

Bank Phone Number: _____

Company Authorized Signer (print): _____

Title: _____ Email Address: _____

Phone number: _____ Fax number: _____

Contact information for the person or position to be notified of payments:

EFT Notification name & phone number: _____

EFT Notification email address: _____

Please feel free to contact us should you have any questions:

Mail: City of Dickinson
ATTN: Accounts Payable
4403 Highway 3
Dickinson, TX 77539

Phone: (281) 337-2489
Fax: (281) 746-9334
Email: finance@dickinsontexas.gov

****AUTOMATIC CREDIT AUTHORIZATION****

I authorize the City of Dickinson, hereinafter called COD, to initiate electronic credit entries representing payments by COD to us for services/products provided by us to COD. The initial credit will start 30-60 days from the time this request is approved by COD. This authority is to remain in full force and effect until COD has received from us a written notice of termination of this authorization. Upon receipt of the above mentioned termination notice, COD shall be allowed a reasonable amount of time to process the termination within its business system.

Signature of Authorized Signer _____ Date _____