


Registration to Become a City Vendor

Supplier Self-Registration

Submit

**City of Phoenix**
Supplier Self-Registration

Welcome to City of Phoenix Vendor/Supplier Self Registration website. This website serves as the initial point of entry for future vendors to do business with the City.

Note: Before proceeding with the self-registration process, please make sure that you will have the following information available: Taxpayer Identification Number, Contact Information, and Business Information.

Important: Any business that intends to do business with City of Phoenix is required to provide a signed and dated W-9 Form. Until we will receive a W-9 Form you will not be able to continue your registration process as a vendor with the City of Phoenix. **Please make sure to attach a signed and dated W-9 Form during the registration process.**

For assistance, please contact City of Phoenix's Procurement Prequalification Vendor Support Team via email at vendor.support@phoenix.gov or by phone at 602-262-1819.

[Return to procurePHX home page](#)

* Fields marked with an asterisk are mandatory.

General Company Information[\(Help\)](#)

* Company Name:

Doing Business As (DBA):

The FEIN or SSN number fields are required. Please enter either the FEIN or SSN number in the fields below, but not both.

* Federal Employer Id Number (FEIN):

OR

* Social Security Number (SSN):

* Re-enter Social Security Number:

Please select your city of Tax Jurisdiction. For help with the selection [Click Here.](#)

* Tax Jurisdiction Code:

Physical Address

* Street Address:

* City:

* Postal Code:

* State:

* Country:

Communication

* Phone Number:

Fax Number:

Enter Phone Number and Fax Number in XXX-XXX-XXXX format

* E-Mail Address:

* Re-enter Email Address:

The email address provided above will be used to send all purchase orders.

Submit

Let's get started on your registration.

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General Company Information

General Company Information [\(Help\)](#)

A * Company Name:

B Doing Business As (DBA):

The FEIN or SSN number fields are required. Please enter either the FEIN or SSN number in the fields below, but not both.

* Federal Employer Id Number (FEIN): **C**

OR

* Social Security Number (SSN): **D**

* Re-enter Social Security Number:

Please select your city of Tax Jurisdiction. For help with the selection [Click Here](#).

* Tax Jurisdiction Code: **E**

Physical Address

F * Street Address:

* City:

* Postal Code:

* State: AZ

* Country: US

Communication

G * Phone Number:

Fax Number:

Enter Phone Number and Fax Number in XXX-XXX-XXXX format

* E-Mail Address:

H * Re-enter Email Address:

The email address provided above will be used to send all purchase orders.

I

Attachments (PDF only) [\(Help\)](#)

Add Attachment Delete

Doc Type	File Name

J

☐ If your Remit Address is different from the address entered above please select this box.

Field	Description
A. Company Name	This would be your owning entity Name. If this is a sole proprietorship then use your name.
B. Doing Business as (DBA)	This would be the name your business operates under if not the same as the Company name.
C. Federal Employer ID Number	This is the federal number assigned to your business. If you do not have one you must provide a social security number.
D. Social Security Number (SSN)	This is only needed if you do not have a FEIN number.
E. Tax Jurisdiction	The business tax jurisdiction. Click link for more information.
F. Physical Address	This is where your company is physically located. <ul style="list-style-type: none"> Street Address: is the physical street address of your company City: in which your Company is physically located in Your Postal Code: Please provide your plus 4 zip for U.S. addresses. Not sure what it is visit usps.com to get this information. www.usps.com State: in your Company is in Country
G. Communication	Phone Number: Main business phone number Fax Number: to be used for procurement efforts.
H. E-Mail Address	This is the email where Purchase Orders will be sent.
I. Attachments	Click on Add Attachment to attach your completed W9. If you do not have a completed W9 your registration will not be processed.
J. Remit Address	If you want payment to be sent to a different address than listed in section F then mark this box.

Remit to Address (optional)

☐ If your Remit to Address is different from the address entered above please select this box.

Remit to Address [\(Help\)](#)

Important Notes:

1. If a Remit to Address is entered, all check payments will be mailed to this address.
2. Enter Street Address or PO BOX in Address Line (Example: "1200 N MAIN ST" or "PO BOX 100")

* Street Address:

* City:

* Postal Code:

* State:

* Country:

Check the Remit Address box only if you would like payment sent to a different address than the one listed in section F.

Contact Person Information

Contact Person Information [\(Help\)](#)

Note: The email address provided below will be used to send the user id and password, and will be the initial company administrator.

A * First Name:

B * Last Name:

C * Form of Address:

D * E-Mail Address:

* Re-enter Email Address:

E [Copy Company Data](#)

F * Phone Number:

G * Fax Number:

Enter Phone Number and Fax Number in XXX-XXX-XXXX format

This information provided will be used to send the User ID and Password and will be the initial company administrator.

Field	Description
A. First Name	This should be the first name of the person who is responsible for the company.
B. Last Name	This should be the last name of the person who is responsible for the company.
C. Form of Addr.	Mr. or Ms.
D. E-Mail Address	This should be the email address of the person who is responsible for the company
E. Copy Comp. Info	By clicking this button, the phone and email in General Company Info will be populated
F. Phone number	Phone number of the person who is responsible for the company.
G. Fax Number	Fax Number

Data Privacy Statement

This Supplier Self-Registration site will follow the same standards that have been established as the overall [City's Privacy Policy](#)

☐ * Yes, I have read the data privacy statement and accept the terms.:

You may read the city's privacy policy by clicking on the link.

Once you have read the policy, please mark the box if you accept the terms. If you do not agree, your registration can not be processed.

Supplier Self-Registration

 Submit



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Data Privacy Statement

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☒ * Yes, I have read the data privacy statement and accept the terms.:

 Submit

Look at the upper left-hand corner or bottom of the registration for the Submit button. Click on it to complete part one of your registration process.

What is next...

You will receive an email to confirm your information was successfully submitted.

No action is required from you.

Confirmation email example:

Dear Supplier,

You have recently registered with the City of Phoenix as a potential supplier in the procurePHX system. City of Phoenix will review the information provided during the registration process. If qualified, your profile will be activated within next 48 hours (excluding weekends and holidays).

Once your profile is active, you will receive two emails, one with a user id and another with a temporary password. Upon receipt of the emails, follow the URL provided to login using the user id and temporary password. Once logged in you will be prompted to change the temporary password.

Please save your user id and password once you have created your account and ensure you keep this information secure. You can use your newly created userid and password to access procurePHX in the future to update your information.

In addition, please note that to ensure prompt payment of invoices, a valid purchase order number must appear on all invoices, packing slips and any correspondence concerning the order. Current City of Phoenix purchase order numbers are ten digits beginning with "44". In the event of an emergency purchase, the City may provide a ten digit shopping cart number beginning with "80". Suppliers are advised not to perform services or deliver goods without a valid purchase order number or shopping cart number.

If you need further assistance, please contact our Registration Help Desk by phone at (602)262-1819 or via e-mail at vendor.support@phoenix.gov

Best regards,
Supplier Self-Services Team

This e-mail has been generated automatically. Please do not reply.

See next page.

Your registration will be reviewed for completeness; once your registration is complete two emails will be sent to you within two business days.

First email example. Click on the link in the email

Dear Sir/Madam,

We are pleased to welcome you as supplier

ABC VENDOR

in our Supplier Portal.

Your user ID

V123456

has been created for you.

Your temporary password has been emailed separately.

Please log on to

<https://eprocurement-qa.phoenix.gov/irj/portal>

as soon as possible using this User ID.

You will need to change your password the first time you login. You will be created as an administrator for your company. You can then create additional users and administrators for your Supplier Portal and use all other Supplier Portal functions. See the supplier portal for more information.

Best regards

Your Supplier Portal Team

If you have any questions, send an e-mail to vendor.support@phoenix.gov

Second Email Example

Your Password for registration is:

temporary password will appear here