



# Kootenai County Auditor

Jim Brannon · Clerk

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<http://www.kcgov.us/departments/auditor> · Email [kcauditor@kcgov.us](mailto:kcauditor@kcgov.us)

Clerk: Phone (208)446-1651 · Email [jbrannon@kcgov.us](mailto:jbrannon@kcgov.us)

## Purchase Card Vendor Application

### Company Information

\*Company Name: \_\_\_\_\_  
(Name Used for Orders & Payments)

Location Name: \_\_\_\_\_  
(e.g. Post Falls Office)

Web Site Address: \_\_\_\_\_

### Please provide the following Company information:

\_\_\_\_\_  
\*MasterCard<sup>®</sup> Merchant ID #

\_\_\_\_\_  
\*Taxpayer ID Number (TIN) or  
Social Security Number (SSN)

\_\_\_\_\_  
Employer State ID Number

### \*Accepts MasterCard<sup>®</sup>:

Charge Cards Not Accepted

Accepts MasterCard<sup>®</sup>

MasterCard<sup>®</sup> not accepted, other cards accepted

### Primary Contact

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

\*Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ \*Fax: ( ) \_\_\_\_\_

Fields marked with asterisks (\*) are required. Timely payment to your Company depends on providing required information.

### Directions for submitting completed form.

- **E-mail:** Attach completed electronic form and email to [PcardAdmin@kcgov.us](mailto:PcardAdmin@kcgov.us).
- **Fax:** (208) 446-1661 Attn: Lori Shaw, Accounts Payable Technician
- **Mail instructions:** return completed form to the address above.

Thank you for your time and attention in completing this form. ~ Kootenai County Auditor's Office.