



ROANOKE'S VENDOR SELF SERVICE

Account Registration and Activation

TABLE OF CONTENTS

Registration and Activation of Accounts

REGISTER A NEW VENDOR	3
ACTIVATE AN EXISTING ACCOUNT	25

Register a New Vendor

Welcome to The City of Roanoke's Vendor Self Service System

Click the links below for step-by-step instructions:

- . [City of Roanoke Purchasing Manual](#)
- . [Register in VSS](#)
- . [Activate an Account](#)
- . [Update an Account](#)
- . [Respond to Solicitations](#)

From the Welcome Page of the VSS Click the Register tab directly under the “New Users” section.

Registered Users

- . Account Maintenance
- . Respond to Solicitations

User Name :

Password :

Login

[Forgot Your Password? Click Here](#)

New Users

Register

- . Add my company
- . Add my location to existing account
- . Create User ID for existing account

Public Access

- . View Posted Solicitations
- . View Award Notices

If you need assistance, please contact the City of Roanoke Purchasing Division via email at VSSHLP@Roanokeva.gov or call (540) 853-2871 Monday through Friday between 8:00am and 5:00pm

Copyright © 2001, 2011, CGI Technologies and Solutions Inc. All Rights Reserved. Use of this software is subject to CGI Technologies and Solutions Inc. license agreement. AMS Advantage ® is a registered trademark of CGI Technologies and Solutions I

Registration Requirements

[help & advice](#)

Note: DO NOT USE THE "BACK" BUTTON ON YOUR BROWSER DURING THE REGISTRATION PROCESS. ONLY USE THE "BACK" BUTTON PROVIDED ON EACH REGISTRATION PAGE.

Already registered? Click [here](#) to login. Otherwise, continue below.

Assemble the following information before continuing:

- Information on each location (first location entered will be considered the Headquarters)
- Tax ID Number
- Legal Business name - The Vendor Registration Process is designed to gather information that will be used in doing business with your company. It is essential that the information entered is accurate and information is entered and submitted, and the notification of registration process is complete appears on your screen. Please be advised that your session will be timed out after 15 minutes of inactivity and if you have any problems registering, please contact the VSS Help Desk at VSSHHELP@roanokeva.gov.
- Contact Information (name, address, email, phone and fax)
 - Account Administrator (person responsible for your account)
 - Ordering
 - Payment
- Descriptions of your products and services (for example, commodity codes)

[Continue](#)

Step 1: Read the Registration Requirements very carefully and click Continue.

Search for your company location

Please enter all or part of your company name and click 'Search' to see if your location is listed as a City of Roanoke Vendor. You must first enter an '*' (asterisk) in order then click Search.

If you have done any business with The City of Roanoke, you must use the search function (with an asterisk) to locate your business, then continue to enter the information. **SEARCHING FOR YOUR COMPANY NAME SINCE THIS WILL CREATE A DUPLICATE VENDOR ID AND MAY HINDER PENDING PAYMENTS TO YOUR BUSINESS.** If you have a question, please email VSSH@roanokeva.gov.

Company Name :

2

Legal Name	Location Name	Alias/DBA	HQ Account	Activated
------------	---------------	-----------	------------	-----------

Is your company listed ?

Yes, but my Location is not activated

➔ Click *Activate Account* for the account you wish to activate.

Yes, I found my Headquarters but not my Location

➔ Click *Add Location* to create new Location for the existing Headquarters.

Yes, my Account is activated but I don't know the login

➔ Contact your Headquarters for assistance.

No, Register Now

➔

3

Step 2: Vendor will put the company name into the search box by either putting the whole name of the vendor or partial name using the wildcard (*) function before and after search criteria.

Step 3: If the company name does not appear, the user will need to register the company by selecting the New Registration tab.

Memorandum of Agreement

[help & advice](#)

If you want to register as a vendor with Vendor Self Service (VSS), you must accept the terms of this Memorandum of Agreement. If you choose not to register, you will be redirected to the Vendor Self Service HomePage for Guests. By clicking **ACCEPT TERMS** you agree to the term and condition below:

By submitting this electronic vendor registration, you certify and warrant that you are duly authorized, by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information required by this Agreement on behalf of the Vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the Vendor and for the benefit of the City of Roanoke, VA:

1. The Vendor shall use VSS vendor registration update functionality to update the Vendor's registration information whenever necessary to ensure that the registration information remains current.
2. The Vendor hereby warrants that the information provided by the Vendor through the VSS registration and VSS registration update functionality shall at all times be current, accurate, and complete. The Vendor shall be entitled at all times to rely conclusively that such information is current and on the accuracy and completeness of the information the Vendor has provided through the VSS registration and registration update functionality, even if different information is or has been available to or received by the City of Roanoke personnel through means other than the VSS registration and registration update functionality.

This Memorandum of Agreement shall remain in effect for as long as the Vendor is registered as a VSS vendor. All rights are reserved by the City of Roanoke and the Vendor to cancel the Vendor registration. If the Vendor registration is cancelled, the Vendor shall remain bound, if an award has been made, to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction using VSS.

Vendor hereby accepts this Memorandum of Agreement by clicking **ACCEPT TERMS**

Accept Terms

Reject Terms

4

Step 4: Read the **Memorandum of Agreement** very carefully and click the Accept Terms tab.

Welcome, New User

- ✓ Step 1: Business Information
- Location Verification
- Location Information and Legal Name
- EFT Information
- Email and Organization Information
- Discount Information
- Step 2: User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

Left-Hand
Navigational
Panel

Step 1: Business Information

This page allows you to enter general information about your organization. Fields with a red asterisk (*) indicate required fields. Fields without an asterisk are optional fields that do not require information to complete vendor registration.

NOTE: This site **does not** automatically Save when you exit. Please resolve any errors and do not exit this site until you receive a confirmation of successful registration. Failure to complete registration will require all fields to be re-entered when you return to the site.

[help & advice](#)

[Next >](#)

▼Location Verification

This section will be used to establish a password that other users within your company will be required to use when logging in to the system.

*Verify My Locations by : ←

The below fields are required only if you selected "Create My Own" above.

Vendor Verification Based on :

Vendor Verification Password :

Confirm Verification :

▼Location Information and Legal Name

Please complete this information that will be used to define your organization and create your legal name. **Values are required for your Legal Name.**

*Organization Type : ← *Classification : ←

If your TIN Type is SSN, select Individual. Legal Name :
If your TIN Type is EIN, select Company. Alias/DBA : ←

First Name :

Middle Name :

Last Name :

Company Name : ←

Franchise Account :

Location Name :

Web Address :

W-8 Form :

Catalog DUNS :

▼EFT Information

If you would like to use Electronic Funds Transfer (EFT) to receive your payments, please complete the information below.

ABA Number : [Find](#) Account Number :

Bank Name : Routing ID Number :

Step 5: Complete the Business Information (Step 1 in the Left Hand Navigational Panel) Enter:

1. *Location Verification Information
2. Company Name
1. *Organization Type, Classification, and Legal Name.
2. EFT Information (optional)
3. Discount Information (if applicable)

Click the Next tab.

- ✓ [Step 2: User Information](#)
- [User Information](#)
- [Step 3: W-9 Information](#)
- [Step 4: Account Administration](#)
- [Step 5: Ordering Address](#)
- [Step 6: Payment Address](#)
- [Step 8: Bidding Interests](#)
- [Step 9: Preview & Submit Request](#)

Step 2: User Information

Please establish a unique User ID (Login ID) and Password for your VSS Account Administrator. Passwords and User ID's are case sensitive and should be between 2 and 16 characters in length. **Please make note of your User ID and Password for future reference.**

Arborists Plus

▼ **User Information**

1 → *User ID :
Case Sensitive and must be between 2 and 16 characters in length.

2 → *First Name :

*Last Name :

3 * → *Email :

4 → *Phone :
Format XXXX-XXX-XXXX

Extension :

Fax :

5 *Password :
Case Sensitive and must be between 2 and 16 characters in length.

*Retype Password :

6 *Security Question : ▼

*Security Answer :

7 *Retype Security Answer :

Step 6: Complete the User Information (Step 2 in the Left-hand Navigational Panel). Enter:

1. User ID:
2. Name of Main Contact at this location
3. Email of Main Contact
4. Phone Number to the registering location.
5. Password (created and maintained by this registered Vendor ONLY.)
6. Security Question to be answered in case user forgets his/her password.
7. Answer to the security question.

Click the Next tab.

***NOTE:**

If there is no email provided in the User Information page, there cannot be electronic notifications given upon approval or denial of changes/additions, nor will user receive Bid/RFP updates and Award Notices.

ation:

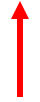
step and move to the next step, the system will check for errors.

error notification message will be displayed at the top of the page.

e" link in that notification to see the errors.

ect the errors indicated before continuing to the next step.

[< Back](#) [Next >](#)



- ✓ [Step 1: Business Information](#)
- ✓ [Step 2: User Information](#)
- ✓ [Step 3: W-9 Information](#)
- [Add New Taxpayer ID Number](#)
- [Taxpayer ID Number Already Registered](#)
- [Step 4: Account Administration](#)
- [Step 5: Ordering Address](#)
- [Step 6: Payment Address](#)
- [Step 8: Bidding Interests](#)
- [Step 9: Preview & Submit Request](#)

Step 3: W-9 Information

Please enter information from your W-9 form (Request for Taxpayer Identification Number and Certification).

Arborists Plus

▼ Add New Taxpayer ID Number

Add a new Taxpayer ID Number by completing the information below. **Information entered**

Taxpayer ID Number :

No spaces or dashes

Taxpayer ID Number Type :

Legal Name on W-9 :

Business Name (If different from Legal Name) :

*Address :

*City :

*State :

*ZIP Code :

▼ Taxpayer ID Number Already Registered

OR use a Taxpayer ID Number already on file by entering the Taxpayer ID Number and Type here. This option may apply if more than one TIN is registered with this system.

Use Existing Taxpayer ID Number :

Taxpayer ID Number Type :

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.

Step 7: Complete the W-9 Information (Step 3 in the Left-hand Navigational Panel) enter:

1. Taxpayer Id Number
2. From the drop down box select the type of TIN, for example: EIN, SSN, etc.
3. Verify the legal name populates correctly.
4. Complete the address, city, state, and zip information.

Click the Next tab.

Step 4: Account Administrator Address

Please enter the address of the administrator of this account. Please note that **Account Administrator, Ordering and Payment addresses are required** for vendor registration.

< Back Next >

Arborists Plus

▼Address Information

Please complete the address information below for your Account Administrator. **This is the address where the W-9 remittance will be sent.**

*Street 1 :	<input type="text" value="123 Annafrel Street"/>	*Phone :	<input type="text" value="540-230-3000"/>
Street 2 :	<input type="text"/>	Phone Extension :	<input type="text"/>
*City :	<input type="text" value="Roanoke"/>	Country :	<input type="text" value="United States of America"/>
*State/Province :	<input type="text" value="Virginia"/>	<input type="text"/>	
*Zip/Postal Code :	<input type="text" value="24018"/>	Additional Address Info. : <input type="text"/>	

▼Contact Information

Please complete the contact information below for your Account Administrator.

*Principal Contact :	<input type="text" value="James Dixon"/>	*Phone :	<input type="text" value="540-230-3000"/>	Alternate Phone :	<input type="text"/>
Email :	<input type="text" value="jdixon@arboristsplus.com"/>	Phone Extension :	<input type="text"/>	Alternate Phone Extension :	<input type="text"/>
Correspondence Type :	<input type="text"/>	Fax :	<input type="text"/>	Alternate Fax :	<input type="text"/>

▶Contact Address

Complete this section ONLY if you are adding a Contact and the Contact uses a different address than the address listed above.

< Back Next >

Step 8: Complete the Account Administrator Information (Step 4 in the Left-hand Navigational Panel) In the Address Information Section and Contact Information Section, the user must complete all fields indicated by the (*). If the Contact assigned has a separate address not shown above, the user must complete the Contact Address information by selecting the drop down tab and completing all required fields.

NOTE: The information from the User Information page will automatically populate in “Step 4 Account Administrator Information”.

Click the Next tab.

Step 9: Complete the Ordering Address Information (Step 5, in the Left-hand Navigational Panel). The user may complete this section by (1) selecting the check box by "Account Administrator" to automatically populate all of the Account information into the Ordering section or (2) if this address is different, the user may manually fill in each required field indicated by a (*).

Click the Next tab.


City of Roanoke
Vendor Self Service


Welcome, New User [Business Opportunities](#) [Vendor Registration](#) [Forms and Additional Information](#)

Step 1: Business Information
Step 2: User Information
Step 3: W-9 Information
Step 4: Account Administrator
Step 5: Ordering Address
Address Information
Contact Information
Contact Address
Step 6: Payment Address
Step 8: Bidding Interests
Step 9: Preview & Submit Registration

Step 5: Ordering Address [help & advice](#)

Please enter the address where we should send your purchase orders. An Ordering Address is required for vendor registration. If you need to add more than one ordering address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From:  Account Administrator

[< Back](#) [Next >](#) 

Arborists Plus

▼Address Information
Add a new Ordering Address by completing the information below. If additional ordering addresses are required, an additional location will need to be added to your company.

*Street 1 : *Phone :
Street 2 : Phone Extension :
*City : Country :
*State/Province :
*Zip/Postal Code : Additional Address Info. :

▼Contact Information
Provide a contact for your Ordering Address by completing the information below.

Principal Contact : Phone : Alternate Phone :
Email : Phone Extension : Alternate Phone Extension :
Correspondence Type : Fax : Alternate Fax :

Should the user select the Account Administrator button, the Address and Contact information will populate as shown below.

help & advice

Step 5: Ordering Address

Please enter the address where we should send your purchase orders. An Ordering Address is required for vendor registration. If you need to add more than one ordering address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From: → Account Administrator

< Back Next >

Arborists Plus

▼Address Information

Add a new Ordering Address by completing the information below. If additional ordering addresses are required, an additional location will need to be added to your company.

*Street 1 :	<input type="text" value="123 Annafrel Street"/>	*Phone :	<input type="text" value="540-230-3000"/>
Street 2 :	<input type="text"/>	Phone Extension :	<input type="text"/>
*City :	<input type="text" value="Roanoke"/>	Country :	<input type="text" value="United States of America"/>
*State/Province :	<input type="text" value="Virginia"/>	Additional Address Info. : <input type="text"/>	
*Zip/Postal Code :	<input type="text" value="24018"/>		

▼Contact Information

Provide a contact for your Ordering Address by completing the information below.

Principal Contact :	<input type="text" value="James Dixon"/>	Phone :	<input type="text" value="540-230-3000"/>	Alternate Phone :	<input type="text"/>
Email :	<input type="text" value="jdixon@arboristsplus.com"/>	Phone Extension :	<input type="text"/>	Alternate Phone Extension :	<input type="text"/>
Correspondence Type :	<input type="text"/>	Fax :	<input type="text"/>	Alternate Fax :	<input type="text"/>

►Contact Address

Complete this section ONLY if you are adding a Contact and the Contact uses a different address than the address listed above.

- ✓ [Step 1: Business Information](#)
- ✓ [Step 2: User Information](#)
- ✓ [Step 3: W-9 Information](#)
- ✓ [Step 4: Account Administration](#)
- ✓ [Step 5: Ordering Address](#)
- ✓ [Step 6: Payment Address](#)
- [Address Information](#)
- [EFT Information](#)
- [Contact Information](#)
- [Contact Address](#)
- [Step 8: Bidding Interests](#)
- [Step 9: Preview & Submit Registration](#)

Step 6: Payment Address

Please enter the address where we should send your payments. A Payment Address is required for vendor registration. If you need to add more than one payment address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From:

- Account Administrator
- Ordering

[< Back](#) [Next >](#)

Arborists Plus

▼Address Information

Add a new Payment Address by completing the information below. If additional payment addresses are required, an additional location will need to be added to your company.

*Street 1 :	<input type="text" value="123 Annafrel Street"/>	*Phone :	<input type="text" value="540-230-3000"/>
Street 2 :	<input type="text"/>	Phone Extension :	<input type="text"/>
*City :	<input type="text" value="Roanoke"/>	Country :	<input type="text" value="United States of America"/>
*State/Province :	<input type="text" value="Virginia"/>	<input type="text"/>	
*Zip/Postal Code :	<input type="text" value="24018"/>	Additional Address Info. : <input type="text"/>	

▼EFT Information

If you would like to use Electronic Funds Transfer (EFT) to receive your payments, please complete the information below.

ABA Number :	<input type="text"/>	<input type="button" value="Find"/>	Account Number :	<input type="text"/>
Bank Name :	<input type="text"/>	Routing ID Number :	<input type="text"/>	
Account Type :	<input type="text"/>	EFT Status :	<input type="text"/>	

▼Contact Information

Provide a contact for your Payment Address by completing the information below.

Principal Contact :	<input type="text" value="James Dixon"/>	Phone :	<input type="text" value="540-230-3000"/>	Alternate Phone :	<input type="text"/>
Email :	<input type="text" value="jdixon@arboristsplus.com"/>	Phone Extension :	<input type="text"/>	Alternate Phone Extension :	<input type="text"/>
Correspondence Type :	<input type="text"/>	Fax :	<input type="text"/>	Alternate Fax :	<input type="text"/>

Step10: Complete the Payment Information. Identical to Step 9, the user may complete this section by (1) selecting the check box by "Account Administrator" or "Ordering" to automatically populate all of the Account information into the Payment section or (2) if this address is different, the user may manually fill in each required field indicated by a (*).

Click the Next tab.

Step 11: In the Bidding Interest section (Step 8 in the Left-hand Navigational Panel) the user must complete:

- A. Business Type
- B. Service Area
- C. Commodity

Once A, B, and C are completed, click the Next tab.



(A) Business Type:

1. In the Business Type line, select the drop down arrow box "Business Type". Click the ADD button to view the type(s) menu. (as shown on page 16)

Step 8: Bidding Interests

Please enter the Business Types, Service Areas, and/or Commodities appropriate for your organization, to send electronic solicitation notifications. **Please note that the City of Roanoke requires that during the registration process.**

Business Type
Select the business type(s) that describe your organization. Examples include woman-owned

Add **Delete**

Business Type	Certification Number	Certification Start Date	Certification
---------------	----------------------	--------------------------	---------------

First Prev Next Last

Service Area
Select the area(s) where your organization can provide its services. Click the 'Add' button.

Commodity
Select the commodity code(s) that describe the goods and services your organization provides that apply to your business as this will determine your notification of released solicitation.

Additional Resources & Information:

2. The vendor will be directed to the type(s) menu. Select the type(s) that may apply to the user and click OK in the bottom center of the page.

Choose

Select one or more Business Types to associate to your company. To search for your Business Type, enter a keyword in the Search field. Please click OK to save your changes.

[Clear](#)

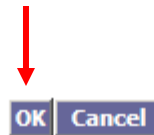
Business Type :

	Business Type	Business Type ID
<input type="checkbox"/>	Public Assistance/Day Care	DYC
<input type="checkbox"/>	Public Assistance/Foster Care	FOC
<input type="checkbox"/>	Minority Owned	MBE
<input type="checkbox"/>	Public Assistance Vendor	PA
<input checked="" type="checkbox"/>	Women Owned	WBE
<input type="checkbox"/>	City Employee	CIT
<input type="checkbox"/>	School Employee	SCH
<input checked="" type="checkbox"/>	Small Business	SBE
<input type="checkbox"/>	DisAdvantaged Business Enterpr	DBE
<input type="checkbox"/>	Minority Owned	MNRT

First [Prev](#) [Next](#) Last

Business Type Menu Selection.

Remember once the user clicks OK, he/she **must** reopen the drop down arrow on the main Information page to input specific Certification information as it relates to his/her selection(s)



during the registration process.

< Back Next >

Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate business type(s).

Add Delete

Arborists Plus

	Business Type	Certification Number	Certification Start Date	Certification End Date
<input checked="" type="checkbox"/>	Women Owned	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	Small Business	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Prev Next Last



Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for your organization.

3. Select the drop down arrow by "Business Type". This will show the type(s) of business the user selected from the menu screen. Click on each box and input Certification and Date numbers as it applies to each item selected.

Please enter the Business Types, Service Areas, and/or Commodities appropriate for your organization. This information is optional but will be used to determine when to send electronic solicitation notifications. **Please note that the City of Roanoke requires that both Business Type and Commodity be completed during the registration process.**

< Back Next >

Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate business type(s).

Add Delete

Arborists Plus

	Business Type	Certification Number	Certification Start Date	Certification End Date
<input checked="" type="checkbox"/>	Women Owned	24873245712	6/1/2010	6/1/2012
<input checked="" type="checkbox"/>	Small Business	10293847	6/1/2009	6/1/2012

First Prev Next Last

Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for your organization.

Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate Business Types for your organization.

Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for your organization.

Collapse Service Area

Service Area Service Area Zone

First Prev Next Last

(1)

Choose

Select one or more Service Areas to associate to your company. To search for your Service Area, enter in a valid service area and click Search. Please click OK to save your changes.

Clear

Service Area Zone : Search

Service Area Zone	
<input type="checkbox"/>	Cities: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park and Winchester. Counties: Arlington, Clarke, Fairfax, Fauquier, Frederick, Loudoun, Page, Prince William, Rappahannock, Shenandoah, and Warren.
<input type="checkbox"/>	Cities: Bristol and Norton. Counties: Bland, Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe.
<input type="checkbox"/>	Cities: Charlottesville, Harrisonburg, Staunton, and Waynesboro. Counties: Albemarle, Augusta, Fluvanna, Greene, Highland, Louisa, Nelson, and Rockingham.
<input type="checkbox"/>	Cities: Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg. Counties: Gloucester, Isle of Wight, James City, Mathews, Middlesex, Southampton, Surry, Sussex, and York.
<input type="checkbox"/>	Cities: City of Bedford, Buena Vista, Clifton Forge, Covington, Danville, Lexington, and Lynchburg. Counties: Alleghany, Amherst, Appomattox, Bath, Bedford County, Botetourt, Campbell, Pittsylvania, and Rockbridge.
<input type="checkbox"/>	Cities: Colonial Heights, HopeWell, Petersburg, and City of Richmond. Counties: Charles City, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, King William, New Kent, Powhatan, and Prince George.
<input type="checkbox"/>	Cities: Galax, Martinsville, Radford, City of Roanoke, and Salem. Counties: Carroll, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski, and Roanoke County.
<input type="checkbox"/>	City: Emporia. Counties: Amelia, Brunswick, Buckingham, Charlotte, Cumberland, Greensville, Halifax, Lunenburg, Mecklenburg, Nottoway, and Prince Edward.
<input type="checkbox"/>	City: Fredericksburg. Counties: Caroline, Culpeper, Essex, King and Queen, King George, Lancaster, Madison, Northumberland, Orange, Richmond County, Spotsylvania, Stafford, and Westmoreland.
<input type="checkbox"/>	Counties: Accomack and Northampton

First Prev Next Last

OK Cancel

(2)

B. Service Area: As done in the Business Type section, the user will need to select the drop down box in the Service Area section and select Add. The user will need to select the area(s) that apply to his/her service and click OK. All selected items will populate in this section as show below.

Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for your organization.

Add Delete

Arborists Plus

Service Area		Service Area Zone
<input checked="" type="checkbox"/>	104	Cities: Galax, Martinsville, Radford, City of Roanoke, and Salem. Counties: Carroll, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski, and Roanoke County.

First Prev Next Last

(3)

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for you

Commodity

Select the commodity code(s) that describe the goods and services your organization provides. Click the 'Add' button to view and select the appropriate Service Area Zones for you that apply to your business as this will determine your notification of released solicitations.

Add Delete

Commodity Commodity Description

First Prev Next Last

(1)

C. Commodities: As done in the Business Type and Service Areas sections, the user will need to select the drop down arrow in the Commodity section and select Add. The user will need to select the commodity items that apply and hit OK. Note: Once in the search page, the user may use the wildcard function (*) in searching for a certain commodity.

Choose

Select one or more Commodities to associate to your company. To search for your Commodity and click Search. Please click OK to save your changes.

Wildcard (*) searches are allowed. For example, a search of Description using word 'computer.' However, a search of Description using '*computer*' would find all descriptions.

Clear

Commodity/Service Code : Search
Commodity Description : ARBORIST* Search

Commodity Description Commodity/Service Code

Arborist Services 98802

First Prev Next Last

OK Cancel

(2)

Clear

Commodity/Service Code : Search
Commodity Description : TREE* Search

	Commodity Description	Commodity/Service Code
<input type="checkbox"/>	Tree and Pole Climbing Equipment	44583
<input type="checkbox"/>	Tree and Root Cutters and Stump Grinders, Tractor Mounted	02090
<input checked="" type="checkbox"/>	Tree and Shrub Removal Services	96888
<input type="checkbox"/>	Tree Farm Operation and Management Services	94784
<input type="checkbox"/>	Tree Girdlers and Timber Tongs	02091
<input type="checkbox"/>	Tree Seeds	79073
<input type="checkbox"/>	Tree Spade and Forestry Equipment Parts	02282
<input checked="" type="checkbox"/>	Tree Trimming and Pruning Equipment (Portable, Power Operate	51583
<input checked="" type="checkbox"/>	Tree Trimming and Pruning Services	98888
<input type="checkbox"/>	Trees, Fruit and Nut	59570

First Prev Next Last

OK Cancel



Commodity

Select the commodity code(s) that describe the goods and services your organization provides. Click the 'Add' button to view and select the appropriate Service Area Zones for you that apply to your business as this will determine your notification of released solicitations.

Add Delete

Arborists Plus

	Commodity	Commodity Description
<input checked="" type="checkbox"/>	98802	Arborist Services
<input checked="" type="checkbox"/>	96888	Tree and Shrub Removal Services
<input checked="" type="checkbox"/>	98888	Tree Trimming and Pruning Services

First Prev Next Last

(3)

IMPORTANT NOTE: Once the user has completed all individual sections for Business Type, Services, and Commodity click Next located in either the upper or lower right hand side of the screen.

- ✓ [Step 1: Business Information](#)
- ✓ [Step 2: User Information](#)
- ✓ [Step 3: W-9 Information](#)
- ✓ [Step 4: Account Administrato](#)
- ✓ [Step 5: Ordering Address](#)
- ✓ [Step 6: Payment Address](#)
- ✓ [Step 8: Bidding Interests](#)
- ✓ [Step 9: Preview & Submit Reg](#)

Step 9: Preview & Submit Registration

This page displays a summary of all information entered in the previous steps. Please review your registration information below and **print** a copy for your records. **If you a change, click the 'Back' button or navigate directly to the appropriate step using the left menu.**

Click 'Submit' to complete your on-line registration. Canceling your registration will result in the loss of all entered information.

Commonwealth of Virginia code requires vendors to be registered and in good standing with the State Corporation Commission (<http://www.scc.virginia.gov/>) before the award can be made.

[Print](#) [Submit](#)

[Cancel](#)

Step 1: Business Information

▼Location Verification

Verify My Locations by : Use my Taxpayer ID Number

Vendor Verification Based on : Please verify that you are part of this organization by entering the Headquarters.

Vendor Verification Password :

Confirm Verification :

▼Location Information and Legal Name

Organization Type : Company

First Name :

Middle Name :

Last Name :

Company Name : Arborists Plus

Catalog DUNS :

Classification : Partnership

Legal Name : Arborists Plus

Alias/DBA : Arborists Plus

Location Name : Roanoke, VA

Web Address :

W-8 Form :

Step 12: The Vendor must preview all information in the main page of the **Preview and Submit Registration** (Step 9 in the Left-hand Navigational Panel). If all the information is correct, click Submit in the upper middle of the page. If any information needs to be corrected, user may either choose the back button to the page needing a correction or select the section from the left hand navigation panel. Click Submit.

CONGRATULATIONS!!!! You have successfully registered your vendor



Thank You!

[help & advice](#)

Congratulations, you have completed the registration process. You may now login to VSS using the User Name and Password you just created.

Your registration with the City of Roanoke will be officially complete when a W-9 form is completed and submitted via fax or email to the City of Roanoke Accounts Payable Department.

- Fax Number: (540) 853-2940

- Email: finance@roanokeva.gov

Thank you for your interest in doing business with the City of Roanoke.

The Purchasing Division

www.roanokeva.gov/Purchasing



VSSHHELP@ROANOKEVA.GOV

07/01/2011 02:09 PM

To VIRGINIA.FAIRCLOTH@ROANOKEVA.GOV

cc

bcc

Subject ADVMAIL: YOUR REQUEST FOR VSS REGISTRATION HAS BEEN RECEIVED

Ginny Faircloth:

Congratulations, you have successfully submitted a request for registration in the City of Roanoke Vendor Self Service(VSS). The status is PENDING approval from the Purchasing Division and the Finance Department.

Here are some details about your VSS account:

Your User ID (case sensitive) is: Arborists Plus
Your Headquarters Account Legal Name is: Arborists Plus
Your Headquarters Account Code is: VS0000000051
Your Vendor/Customer is: VS0000000051
Your Location Legal Name is: Arborists Plus

If you have questions, please contact the VSS Help Center at VSSHHELP@roanokeva.gov or call 540-853-2871.

Upon completion of the Vendor Registration process, an email will be sent to the email address provided during registration. Within 24 hours an email will notify the Vendor that the registration was successfully submitted and awaiting approval.



VSSHHELP@ROANOKEVA.GOV

07/01/2011 05:31 PM

To	VIRGINIA.FAIRCLOTH@ROANOKEVA.GOV
cc	
bcc	
Subject	ADVMAIL: WELCOME TO ADVANTAGE VSS

Ginny Faircloth:

Congratulations, you are now a certified user of ADVANTAGE Vendor Self Service (VSS).

Here are some details about your VSS account:

Your User ID (case sensitive) is: Arborists Plus

Your Headquarters Account Legal Name is: Arborists Plus

Your Headquarters Account Code is: VS0000000051

Your Vendor/Customer is: VS0000000051

Your Location Name is:

The following comments from the approving party were included detailing additional information about your account:

If you have questions, please contact the VSS Help Center at VSSHHELP@roanokeva.gov or call 540-853-2871.

Once the registration has been accepted for approval, the Purchasing and Financial Departments will review the registration for approval or rejection. Upon their decision the Vendor will receive a second email notification of the decision. (This process will be no longer than a 48 hour period from the time of registration)

ACTIVATE AN EXISTING ACCOUNT

Welcome to The City of Roanoke's Vendor Self Service System

Click the links below for step-by-step instructions:

- . [City of Roanoke Purchasing Manual](#)
- . [Register in VSS](#)
- . [Activate an Account](#)
- . [Update an Account](#)
- . [Respond to Solicitations](#)

From the Welcome Page of the VSS Click the Register tab directly under the “New Users” section.

Registered Users

- . Account Maintenance
- . Respond to Solicitations

User Name :

Password :

Login

[Forgot Your Password? Click Here](#)

New Users

Register

- . Add my company
- . Add my location to existing account
- . Create User ID for existing account

Public Access

- . View Posted Solicitations
- . View Award Notices

If you need assistance, please contact the City of Roanoke Purchasing Division via email at VSSHLP@Roanokeva.gov or call (540) 853-2871 Monday through Friday between 8:00am and 5:00pm

Copyright © 2001, 2011, CGI Technologies and Solutions Inc. All Rights Reserved. Use of this software is subject to CGI Technologies and Solutions Inc. license agreement. AMS Advantage ® is a registered trademark of CGI Technologies and Solutions I

Registration Requirements

[help & advice](#)

Note: DO NOT USE THE "BACK" BUTTON ON YOUR BROWSER DURING THE REGISTRATION PROCESS. ONLY USE THE "BACK" BUTTON PROVIDED ON EACH REGISTRATION PAGE.

Already registered? Click [here](#) to login. Otherwise, continue below.

Assemble the following information before continuing:

- Information on each location (first location entered will be considered the Headquarters)
- Tax ID Number
- Legal Business name - The Vendor Registration Process is designed to gather information that will be used in doing business with your company. It is essential that the information entered is accurate and information is entered and submitted, and the notification of registration process is complete appears on your screen. Please be advised that your session will be timed out after 15 minutes of inactivity and if you have any problems registering, please contact the VSS Help Desk at VSSHHELP@roanokeva.gov.
- Contact Information (name, address, email, phone and fax)
 - Account Administrator (person responsible for your account)
 - Ordering
 - Payment
- Descriptions of your products and services (for example, commodity codes)

[Continue](#)

Step 1: Read the Registration Requirements very carefully and select Continue at the bottom left hand of the page.

Search for your company location

Please enter all or part of your company name and click 'Search' to see if your location is listed as a City of Roanoke Vendor. You must first then click Search.

If you have done any business with The City of Roanoke, you must use the search function (with an asterisk) to locate your business, then **SEARCHING FOR YOUR COMPANY NAME SINCE THIS WILL CREATE A DUPLICATE VENDOR ID AND MAY HINDER PENDING PAYMENTS TO YOU** VSSH@roanokeva.gov.

Company Name :

	Legal Name	Location Name	Alias/DBA	HQ Account	Activated	
✓	INNOVATIVE CLEANING SERV INC			Yes	No	Activate Account Add Location
	INNOVATIVE CLEANING SERVICES			Yes		Activate Account Add Location
	INNOVATIVE COMPUTER RESOURCES			Yes		Activate Account Add Location
	INNOVATIVE EDUCATORS ENTERPRISES INC			Yes		Activate Account Add Location
	INNOVATIVE LEARNING CONCEPTS			Yes		Activate Account Add Location

Is your company listed ?

Yes, but my Location is not activated

➔ Click *Activate Account* for the account you wish to activate.

Yes, I found my Headquarters but not my Location

➔ Click *Add Location* to create new Location for the existing Headquarters.

Yes, my Account is activated but I don't know the login

➔ Contact your Headquarters for assistance.

No, Register Now

➔

Step 2: Vendor will put the company name into the search box by either putting the whole name of the vendor or partial name using the wildcard (*) function.

If the Vendor **does** appear (In this case Innovative Cleaning Serv Inc), the Vendor will need to determine if the account is active or inactive by locating the status in the **Activated** column.

If the account is inactive by the word "NO" in the **Activated** column, Click the **Activate Account** link located to the right of the status.

Verification Required

Please verify that you are part of this organization by entering the TIN number of your Headquarters and hitting submit. If you are unsure of the TIN number, please contact your Account Administrator.

Vendor Verification Password : **Submit** **Return to Vendor Name Search**

Tax ID Numbers must be 9 digits, no dashes



Headquarters :

Account Administrator

Passwords are set by your Account Administrator. If you don't know the password, see the contact information below.

Principal Contact :

Email :

Phone :

Step 3:

Enter TIN and Click Submit.

Memorandum of Agreement

[help & advice](#)

If you want to register as a vendor with Vendor Self Service (VSS), you must accept the terms of this Memorandum of Agreement. If you choose not to register, you will be redirected to the Vendor Self Service HomePage for Guests. By clicking **ACCEPT TERMS** you agree to the term and condition below:

By submitting this electronic vendor registration, you certify and warrant that you are duly authorized, by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information required by this Agreement on behalf of the Vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the Vendor and for the benefit of the City of Roanoke, VA:

1. The Vendor shall use VSS vendor registration update functionality to update the Vendor's registration information whenever necessary to ensure that the registration information remains current and accurate.
2. The Vendor hereby warrants that the information provided by the Vendor through the VSS registration and VSS registration update functionality shall at all times be current, accurate, and complete. The Vendor shall be entitled at all times to rely conclusively that such information is current and on the accuracy and completeness of the information the Vendor has provided through the VSS registration and registration update functionality, even if different information is or has been available to or received by the City of Roanoke personnel through means other than the VSS registration and registration update functionality.

This Memorandum of Agreement shall remain in effect for as long as the Vendor is registered as a VSS vendor. All rights are reserved by the City of Roanoke and the Vendor to cancel the Vendor registration. If the Vendor registration is cancelled, the Vendor shall remain bound, if an award has been made, to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction using VSS.

Vendor hereby accepts this Memorandum of Agreement by clicking **ACCEPT TERMS**

Accept Terms

Reject Terms



Step 4: Read the **Memorandum of Agreement** very carefully and click the Accept Terms tab in the bottom left hand of the page.



Step 5: Complete the 2 steps required to activate the account as indicated by the Left-Hand Navigational Panel.

User Information

Please establish a unique User ID (Login ID) and Password. Passwords and User ID's are case sensitive.

Legal Name : INNOVATIVE CLEANING SERV INC

*User Name (case sensitive) : <input type="text" value="Innovative Clean"/>	*Password : <input type="password" value="....."/>
<i>Case Sensitive</i>	<i>Case Sensitive</i>
*First Name : <input type="text" value="Bill"/>	*Retype Password : <input type="password" value="....."/>
*Last Name : <input type="text" value="Smith"/>	*Security Question : <input type="text" value="What is your favorite color?"/>
*Email : <input type="text" value="faircloth@roanokeva.gov"/>	*Security Answer : <input type="password" value="..."/>
*Phone : <input type="text" value="540-853-5309"/>	*Retype Security Answer : <input type="password" value="..."/>
<i>Format XXX-XXX-XXXX</i>	Fax : <input type="text"/>
Extension : <input type="text"/>	<i>Format XXX-XXX-XXXX</i>

Step 6: Complete the User Information field by filling in all boxes indicated by the red (*) (Step 1 of the Left-Hand Navigational Panel). Once all boxes are completed, Click Next.



Verify & Submit Registration

Click the 'Submit Registration' button to complete your on-line registration. You may review your registration prior to submitting it by clicking on the 'Back' button or na

Submit Registration

< Back

Submit Registration

Step 7: Click **Submit Registration** button in the middle of the page as shown above.

Thank You!

[help & advice](#)

Congratulations, you have completed the registration process. You may now login to VSS using the User Name and Password you just created.

Your registration with the City of Roanoke will be officially complete when a W-9 form is completed and submitted via fax or email to the City of Roanoke A
- Fax Number: (540) 853-2940
- Email: finance@roanokeva.gov

Thank you for your interest in doing business with the City of Roanoke.
The Purchasing Division
www.roanokeva.gov/Purchasing

**CONGRATULATIONS!!!! You have successfully
activated your vendor**