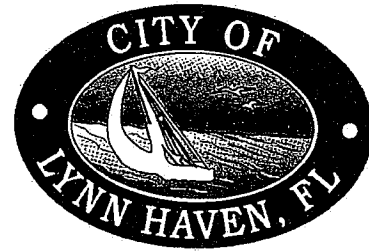


# City of Lynn Haven

825 Ohio Avenue  
Lynn Haven, FL 32444  
(850) 265-7520  
(850) 265-8931 fax  
[www.cityoflynnhaven.com](http://www.cityoflynnhaven.com)



## VENDOR APPLICATION

APPLICATION		
<input type="radio"/> Initial Registration	<input type="radio"/> Change/Update Information	Date:

REMITTANCE ADDRESS (FOR PAYMENT ON YOUR INVOICE)		
Name of Company		
Address		
City	State	Zip
Telephone #	Toll Free #	Fax #
Contact Name	Email Address	Web Address

CORRESPONDENCE ADDRESS (FOR MAILING OF BID REQUEST AND ORDERS)		
Name		
Address		
City	State	Zip
Telephone #	Toll Free #	Fax #
Contact Name	Email Address	Web Address

TYPE OF ORGANIZATION			
<input type="radio"/> CORPORATION	<input type="radio"/> PARTNERSHIP	<input type="radio"/> SOLE PROPRIETORSHIP	<input type="radio"/> OTHER

FEDERAL TAX ID NUMBER (OR SOCIAL SECURITY)

TYPE OF PAYMENT		
DOES YOUR COMPANY ACCEPT PURCHASE ORDERS	<input type="radio"/> YES	<input type="radio"/> NO – IF SO WHAT FORM OF PAYMENT

<b>OCCUPATIONAL LICENSE</b>	
County/City issued by:	State of:
License No:	Expiration Date:

<b>BUSINESS TYPE OR SERVICE</b>	
<input type="checkbox"/> Advertising – Newspaper – Radio – Agency	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Associations – Memberships	<input type="checkbox"/> Outdoor Equipment & Buildings
<input type="checkbox"/> Bank or Financial Institutions	<input type="checkbox"/> Janitorial Supplies
<input type="checkbox"/> City – County – State Agency	<input type="checkbox"/> Paper Products
<input type="checkbox"/> Cleaning Services	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Communications	<input type="checkbox"/> Postage & Courier Services
<input type="checkbox"/> Computer – Hardware & Software	<input type="checkbox"/> Printing & Binding
<input type="checkbox"/> Computer – IT Services	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Contractual Services	<input type="checkbox"/> Publications – Magazines
<input type="checkbox"/> Copier Services – Sales – Leases – Supplies	<input type="checkbox"/> Security
<input type="checkbox"/> Food & Restaurant	<input type="checkbox"/> Signs & Awards
<input type="checkbox"/> Furniture	<input type="checkbox"/> Solid Waste – Sanitation
<input type="checkbox"/> Floral & Gifts	<input type="checkbox"/> Training & Certifications – Educational
<input type="checkbox"/> Fuel	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Hardware – Lumber – Tools	<input type="checkbox"/> Utilities
<input type="checkbox"/> Health & Safety Equipment	<input type="checkbox"/> Vehicles – Heavy Equipment
<input type="checkbox"/> Insurance – Health – Liability – Auto	<input type="checkbox"/> Vehicles – Parts & Repair
<input type="checkbox"/> Industrial Supplies	<input type="checkbox"/> Vehicles – Sales
<input type="checkbox"/> Other (please list)	

<b>SIGNATURE</b>	
Signature:	Title:
Printed Name:	Date:

<b>RETURN TO:</b>
<p>City of Lynn Haven  Purchasing Dept  825 Ohio Ave  Lynn Haven, FL 32444</p>

<b>FOR CITY USE ONLY</b>	
<input type="checkbox"/> Vendor Number _____ or NIS	<input type="checkbox"/> File Updated _____