

City of Lynn Haven

825 Ohio Avenue
 Lynn Haven, FL 32444
 (850) 248-0619

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

BUSINESS TAX RECEIPT	
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County/City issued by:	State of:
License No:	Expiration Date:

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

SIGNATURE	
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Signature:	Title:
Printed Name:	Date:

RETURN TO:	
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City of Lynn Haven
 Purchasing Department
 825 Ohio Ave
 Lynn Haven, FL 32444

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