



## VENDOR APPLICATION

[www.cityofwpb.com](http://www.cityofwpb.com)

Mail To: Purchasing Division  
1045 Charlotte Avenue, West Palm Beach, FL 33401  
Ph: 561-822-2100 Fax: 561-835-0028

Firm Name: \_\_\_\_\_  
(As registered with Florida Secretary of State) Federal ID or SSN (if individual)

DBA (Doing Business As): \_\_\_\_\_  
(If applicable)

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_

Commodity  Service  Professional Service

Description of Service or Goods Provided:

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If company presently holds any Florida government contracts, list contract name, number & expiration date:

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References - To whom you have provided goods or services in past 2 years (*Name, Address, Telephone Number*)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_