



## VENDOR INFORMATION FORM

Vendors interested in being added to the City of Tallahassee's vendor list should return this application to Procurement Services by mail to the City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301, or by facsimile to (850) 891-0802.

**Note: A completed W-9 form must be attached to process this application.**

This is not an application to be placed on the City's vendor list to receive solicitations. If you have any questions, please contact Procurement Services at (850) 891-8280.

Select One:	New Vendor <input type="checkbox"/>	Change of Information to Existing Vendor <input type="checkbox"/>	
Legal Name of Company:			
Website URL:			
Mailing Address:	Street 1:		
	Street 2:		
	City:	State:	Zip:
Payment Remittance Address:	Street 1:		
	Street 2:		
	City:	State:	Zip:
Primary Contact Person:	Name:		
	Phone Number:	Fax Number:	
	Email Address:		
Contract Management Contact:	Name:		
	Phone Number:	Fax Number:	
	Email Address:		

**VENDOR CERTIFICATION: I certify that the above information is accurate and complete.**

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
 Complete W-9 Form and submit with application

**FOR CITY OF TALLAHASSEE USE ONLY:**

Date Recvd:	Date Entered:	Entered By:	Vendor ID:
SELECT ONE:	Withholding <input type="checkbox"/>	Temporary One-Time Only Vendor <input type="checkbox"/>	