



VENDOR APPLICATION AND INSTRUCTIONS

Please respond to each of the numbered items on the application form. You can complete the form by tabbing through the fields and typing the required information. Afterwards, print the form and sign your name. If any question is not completed, the application will be returned to you for completion, and approval of this application will be delayed.

Additional explanation is offered for the following item numbers.

Item 1: Name of applicant. Enter the firm's name under which bids will be submitted to the Purchasing Division.

Item 3: Space has been provided for a nine-digit zip code.

Items 6a and 6b. Enter your firm's Federal Employer Identification number in 6a unless you are applying as an individual, in which case enter your social security number in 6b.

Item 15. An official signature is required. Sign the form after typing the required information and printing the form.

Other documents to be submitted with your vendor application are a W9 form and also the "Class Codes" which are the categories that identify your commodity or service.

Please mail or fax the completed application, W9 form and Class Codes to the address or fax number shown below.

1. Name of Business (if individual, enter last name first):

2. Street or P.O. Box address to which bid requests are to be mailed:

3. City

State

Zip + 4

CITY OF CORAL SPRINGS • DEPARTMENT OF FINANCIAL SERVICES • PURCHASING DIVISION

9500 W. Sample Road • Coral Springs, FL 33065 • www.coralssprings.org

Phone 954-344-1100 • Fax 954-344-1186

4. Contact to whom bid requests are to be mailed. Enter none if no one person should be named.

5a. Telephone Number
(Include area code)

5b. Toll Free Number
(If available)

5c. Fax
(If available)

5d. E-mail
(If available)

6a. Federal Employer's ID Number
individual

or

6b. Social Security Number, if

7. Select the actual class-items from the **3 digit Commodity Class Codes**. Print the appropriate class codes and include with the application.

8. Address of main business office if different from #2 or #3.

9. If incorporated, indicate:

State

Date of incorporation

10. Location of principal factory or warehouse:

11. If you currently hold any Florida State contracts, list contract numbers and expiration dates.

12. Principal line of business:

13. How long in present business:

14. Bidder's comments:

15. The undersigned hereby certifies that the above and foregoing information is a full, true, and correct statement of the facts. It is understood that failure to bid or return the proper no bid form on three (3) consecutive bid invitations for any given Commodity Class could result in removal from the Bidder's mailing list for that Class.

Authorized Signature

Typed Name

Title

Date

(After you print the form, be sure to sign your name above Authorized Signature.)

Please check the application to ensure that a correct response has been made to each question. Any omissions will result in follow-up inquiry and may delay your entry onto our vendor list.

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