



Vendor No: _____

VENDOR APPLICATION FORM

IN ORDER TO BE PLACED ON THE CITY OF TARPON SPRINGS VENDOR LIST, THE "CATEGORY" SECTION MUST ALSO BE COMPLETED AND RETURNED WITH THIS SECTION TO THE PURCHASING DEPARTMENT.

PLEASE PRINT CLEARLY

BUSINESS LEGAL NAME

Include any d/b/a _____

REMIT TO ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

CHECKS PAYABLE TO

(if different from business name) _____

REMITTANCE CONTACT _____ E-MAIL _____

SOLICITATION ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

SOLICITATION CONTACT _____ E-MAIL _____

TAX ID TYPE Social Security Number Federal Tax ID TAX ID/SS NUMBER _____

Notice Regarding the Collection of Social Security Numbers

The City of Tarpon Springs collects your social security number for the following purposes: identification and verification of accounts; credit worthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; tax reporting; federal reporting requirements; worker's compensation; employment applications; pre-employment physicals; and utility billing.

Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

VENDOR TYPE: _____ INDIVIDUAL _____ BUSINESS _____ MISCELLANEOUS

FIRM REGISTERED AS: (select one of the following)

_____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ LLP

Other: _____

TERMS OF PAYMENT: NET 30 DAYS OTHER (clarify)

Certification

I certify that the information supplied herein, is correct and that neither the application nor any person or concern in any connection with the applicant is a principal officer so far as known, is now debarred or otherwise ineligible by the City of Tarpon Springs from bidding for furnished material, supplies or services.

Note: All applications are subject to review and investigation prior to validation for placement on approved vendor lists. Also, before a vendor can be placed on our vendor list, a Federal I.D. number or a Social Security number along with the individual's name, must be supplied. We are required by I.R.S. regulations to withhold 31% of all monies due without the noted information.

Print Name

Title

Signature

Date

**Return Via:
email to:
purchasing@ctsfl.us**