



Vendor Application

Company Information:

Company Name:				
Contact Name:			Department:	
Address:			Suite #:	
City:		State:	ZIP Code:	
Phone:		Ext:	Fax:	
Email:			Website Address:	
Billing Contact Name:				
Billing Phone:			Ext:	Fax:
Billing Email:				
Offer credit card payments?		Yes	No	
Offer payment discounts?		Yes	No	If yes, describe:
Federal Tax ID/ Social Security#:				
Is the company Incorporated?		Yes	No	<i>Please provide a current W9 Form</i>
Local sales tax rate?				

Mailing Address, if different than above:

Contact Name:			Department:	
Address:			Suite #:	
City:		State:	ZIP Code:	
Phone:		Ext:	Fax:	
Email:				

Please indicate which category(s) below the company provides:

<input type="checkbox"/> Computers & Communication Devices <input type="checkbox"/> Fleet Supplies & Services <input type="checkbox"/> Healthcare Supplies <input type="checkbox"/> Janitorial & Electrical Supplies <input type="checkbox"/> Large Machines & Equipment <input type="checkbox"/> Landscaping Supplies <input type="checkbox"/> Maintenance Services <input type="checkbox"/> Office Supplies, Furniture & Equipment <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Publications & Advertising <input type="checkbox"/> Safety Supplies & Equipment <input type="checkbox"/> Tools & Hardware <input type="checkbox"/> Traffic & Street Supplies <input type="checkbox"/> Training, Travel & Associations <input type="checkbox"/> Water Works Supplies <input type="checkbox"/> Organizations and Clubs
---	--

Please return this form to the City of Monroe along with other information such as, a business brochure or catalog that best describes the services or supplies the company provides.