



VENDOR APPLICATION

This form is submitted to be entered into the City's vendor file for payment processing. This will not be used for bid notification. Vendors interested in receiving announcements when a solicitation is posted must register at www.bidnetdirect.com.

Name of Company	Date:
Mailing Address (for purchase orders)	Mailing Address (for payment)
City, State, Zip	City, State, Zip (for payment)
Phone / Fax	Phone / Fax (for payment)
Sales Representatives Name	Sales Representative Phone / Fax
Email (PO's will be sent to this address)	Type of Organization (Circle One) Individual, Partnership, Corporation, Other

Type of Business (i.e. office supplies sales) _____

License Number (if applicable) _____

State of Florida Commodity Code(s): _____

Is your place of business within the boundary of: City of Sebring Highlands County (Circle One if applicable)

If so, City Occupational License number: _____

Do you accept VISA Credit Cards? YES NO (Circle One)

- Submit accompanying W-9 form along with this form.
- Submit any licenses required by the State of Florida.
- Submit a current certificate of insurance.

I hereby certify that the information herein, including all attached pages, is correct and I am an authorized to sign on behalf of the above vendor.

Authorized Signature: _____ Date: _____

Completed Vendor Application can be submitted by delivering to 368 S. Commerce Ave, Sebring, FL 33870 Attn: Purchasing (or) by emailing to: purchasing@mysebring.com