

CITY OF GAINESVILLE, FLORIDA - VENDOR APPLICATION FORM

Please return the completed **original** Vendor Application and related forms to the City department you are doing business with. No faxes, e-mails or copies will be accepted.

THE CITY OF GAINESVILLE IS NOT RESPONSIBLE FOR PAYMENT OF ANY GOODS OR SERVICES PROVIDED PRIOR TO THE COMPLETION AND ACCEPTANCE OF THIS VENDOR APPLICATION FORM.

Please type or print legibly all information requested.
A completed W-9 and Electronic Funds Transfer (EFT) Form must be submitted to complete the Vendor Application.

THE CITY OF GAINESVILLE PAYS ONLY BY VISA OR EFT.

Business Name and Classification:

Legal Name: _____
Alias/DBA: _____
Web Address: _____
SIC Code: _____
Taxpayer ID Number (TIN): _____
Taxpayer ID Type: EIN SSN/ITIN/ATIN
Organization Type: Individual Company
Classification: Individual Sole Proprietorship Partnership Incorporated
Are you subject to Backup Withholding? Yes No

Local Qualified/Minority Business Type
(if applicable to City of Gainesville):

Local Qualified - Small Business (S2) Minority - Woman-owned (M2)
 Minority - African/American (H2) Minority - Asian/Hawaiian (J2)
 Minority - Hispanic (I2) Minority - Native American (K2)

If checked, please contact City of Gainesville - Small Business Development Department at (352) 334-5027

Procurement (Purchase Order) Address Information:

Number and Street: _____ Phone: _____
Apartment or Suite No: _____ E-Mail: _____
City: _____ Fax: _____
State: _____ Alternate Phone: _____
Zip: _____ Alternate Fax: _____
Contact Name: _____
Contact Address (if different from above): _____
City: _____ State: _____ Zip: _____

DEPARTMENT INFORMATION:

Department submitting Vendor Application Form: _____
Department Representative: _____
Extension and Box #: _____

ELECTRONIC FUNDS TRANSFER FORM

NOTE: Vendors will be paid by electronic funds transfers (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom..

Vendor Name: _____
Vendor Address: _____
City: _____
State, Zip: _____
Authorized Signatory: _____
Email address: _____

Taxpayer ID Number (TIN) or Social Security Number: _____

I hereby authorize The City of Gainesville, Florida herinafter called CITY to start payment entries to the account and the DEPOSITORY indicated below, and to credit the same such account.



Bank Name: _____
Bank Address: _____
City: _____ State: _____ Zip: _____

BK/TRANSIT/ABA/NO: _____ (see example below)

Account Number: _____

Account Type: Checking Savings

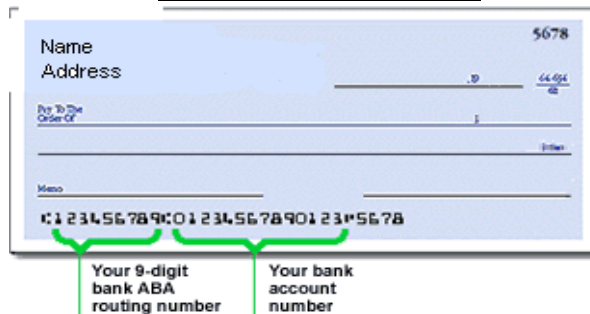
This authority is to remain in full force and effect until the CITY has received written notification from me of its termination in such time and in such manner as to afford the CITY a reasonable opportunity to act on it.

Signature: _____ Date: _____



Suggestion - cut out the check's signature area before voiding the check and sending it to Purchasing.
Standard Information form accepted in lieu of voided check (can also be used for depository only account).

Attach a Voided Check Here



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Department Representative: _____
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