

**CITY OF GAINESVILLE, FLORIDA - VENDOR APPLICATION FORM**  
Please return the completed signed Vendor Application and related forms to  
the City department you are doing business with.

**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 EFT.**

Submission is for:

New Vendor

Vendor Update

**Business Name and Classification:**

Legal Name:

Alias/DBA:

Web Address:

Taxpayer ID Number (TIN):

Taxpayer ID Type:

EIN

SSN/ITIN/ATIN

Organization Type:

Individual

Company

Classification:

Individual

Sole Proprietorship

Partnership

Incorporated

What department will the vendor be doing business with?

Local Small Business Type (if applicable to City of Gainesville):

Local – Small Business (S2)

Minority – Woman-owned (M2)

Minority – African/American (H2)

Minority – Asian/Hawaiian (J2)

Minority – Hispanic (I2)

Minority – Native American (K2)

Service-Disabled Veteran (SDV)

*If checked, subject to approval by City's Office of Equal Opportunity*

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**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 than above):

City:

State:

Zip:

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I certify that no City Commissioner, other City officer, or City employee directly or indirectly owns any personal interest in the profits of, nor derives any benefit from any contract, job, work, or service for the municipality performed by the vendor or business.

Print Name and Title

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature

**ELECTRONIC FUNDS TRANSFER FORM**

**NOTE:** Vendors will be paid by electronic funds transfers (EFT).

Vendor Name:

Vendor Address:

City:

State, Zip:

Authorized Signatory:

E-Mail:

Taxpayer ID Number (TIN) or Social Security Number:

I hereby authorize The City of Gainesville, Florida hereinafter 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 the department.  
*Standard Information form accepted in lieu of voided check (can also be used for depository only account).*

**Attach a Voided Check Here**

