

CITY OF GAINESVILLE, FLORIDA - VENDOR APPLICATION/MODIFICATION FORM

For NEW VENDORS and VENDOR UPDATES (complete all fields)
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.

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

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

Local - Small Business (S2) Minority - Woman-owned (M2) Service-Disabled Veteran (SDV)
Minority - African/American (H2) Minority - Asian/Hawaiian (J2) If checked, subject to approval by
Minority - Hispanic (I2) Minority - Native American (K2) City's Office of Equal Opportunity

Contact Information:

Procurement (Ordering) Address:

Number and Street:
Apartment or Suite #:
City: State: Zip:

Remit To (Payment) Address:

Number and Street:
Apartment or Suite #:
City: State: Zip:

Contact Name:

Contact Address (if different than above):

City: State: Zip:

Phone: Alternate Phone:

E-Mail:

Fax: Alternate Fax:

NOTE: All vendors doing business with the City should be registered with the State of Florida. If the company is an out of state company,
it should have a foreign registration with the State of Florida to do business in Florida. Companies can register online at www.sunbiz.org
for a nominal fee.

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:

Revised 06/07/2019

Signature

ELECTRONIC FUNDS TRANSFER FORM

Submission is for: New Vendor Vendor Update

Vendor Number Required for Update

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

Vendor Name:

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

