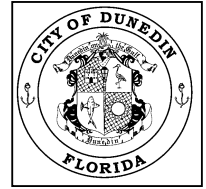


CITY OF DUNEDIN VENDOR APPLICATION



PLEASE TYPE OR PRINT
RETURN TO:

PURCHASING SECTION
CITY OF DUNEDIN
P.O. BOX 1348
DUNEDIN, FLORIDA 34697-1348

CHUCK ANKNEY, PURCHASING AGENT
EMAIL: CANKNEY@DUNEDINFL.NET

PH: 727-298-3077

FAX: 727-298-3078

COMPANY NAME				FEDERAL TAX ID OR SSN (CIRCLE ONE) #	
Notice Regarding the collection of Social Security Numbers: The City of Dunedin collects your social security number for one or more of the following purposes: identification and verification; credit worthiness; billing and payments; data collection; reconciliation; benefit processing, tax reporting, federal reporting requirements; worker's compensation; employment applications; and pre-employment physicals.					
PURCH. ORDER ADDRESS	CITY	STATE	ZIP CODE	PHONE ()	Contact E-Mail
PAY TO NAME / ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE	PHONE ()	Contact E-Mail
CONTACT PERSON (S) FOR QUOTES / BIDS (NAME & PHONE #)		ORGANIZATION TYPE		MINORITY BUS.	
		INDIVIDUAL <input type="checkbox"/>		NO <input type="checkbox"/>	
		CORPORATION <input type="checkbox"/>		YES <input type="checkbox"/>	
CONTACT PERSON & PHONE # FOR BILLING INQUIRIES		PARTNERSHIP <input type="checkbox"/>		TYPE:	
		OTHER <input type="checkbox"/> SPECIFY			
INDICATE TYPE OF SERVICE OR PRODUCT YOU PROVIDE AND WISH TO BID / QUOTE -					
Preference for PO Delivery: Email <input type="checkbox"/> Fax <input type="checkbox"/>		For emailed PO's, please identify proper email for PO transmittal:		For faxed PO's, please confirm Fax # for PO transmittal:	
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person for concern in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by the City of Dunedin to bid on furnished materials, supplies, or services for the City or any agency thereof:					
SIGNATURE			TITLE		DATE