



City of Cape Canaveral

Purchasing Agent Phone: 321-868-1220 ext 222
 P.O. Box 326 Fax: 321-868-1248
 100 Polk Avenue
 Cape Canaveral, FL 32920

VENDOR LIST APPLICATION

The following constitutes a request by the applicant vendor to be placed on a list of those to be considered for solicitations to furnish indicated commodities and/or services to the City of Cape Canaveral in the State of Florida.

| | | |
|-----------------------|---------------------------------------|---------------------------|
| | | Mailing Address |
| Federal Tax ID# | Physical Address | |
| Phone # | E-mail address: | |
| Fax # | | |
| Type of Organization: | Individual _____ Partnership _____ | Corporation - State _____ |

| | | |
|------------------|-------------------|---------------------------|
| Name of Officers | | |
| President | Vice President | Secretary |
| Treasurer | Owner or Partners | Affiliates/Parent Company |

Persons Authorized To Sign Bids, Proposals and Contracts

| Name | Official Capacity | Telephone Number |
|------|-------------------|------------------|
| | | |
| | | |

Please designate the category(s) of products or services you provide.

- | | |
|---|---|
| <input type="checkbox"/> Advertising & Marketing Service | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Building - Including Supplies and Equipment | <input type="checkbox"/> Legal and Related Services |
| <input type="checkbox"/> Building - Maintenance and Related Service | <input type="checkbox"/> Mowing/Property Maintenance |
| <input type="checkbox"/> Communication Equipment and Services | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Computer Equipment and Services | <input type="checkbox"/> Office Furniture |
| <input type="checkbox"/> Construction - Water and Sewer | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Construction - Building | <input type="checkbox"/> Safety Equipment and Supplies |
| <input type="checkbox"/> Construction - Streets, Sidewalks and Drainage | <input type="checkbox"/> Tools - Hand |
| <input type="checkbox"/> Construction - Equipment | <input type="checkbox"/> Tools - Power |
| <input type="checkbox"/> Consulting - Engineering | <input type="checkbox"/> Uniform Services |
| <input type="checkbox"/> Consulting - Specify _____ | <input type="checkbox"/> Vehicles and Related Equipment |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Other: _____ |

Please provide a copy of all licenses (Local Business Tax Receipt, State, etc.) and any certifications your business may have: Complete W-9 and attach any additional information you wish to provide.

Listing will remain active for two (2) years. A new application will be required if inclusion on future vendor lists is desired.