



City of Gulfport
2401 53rd St. South
Gulfport, FL 33707

VENDOR APPLICATION FORM

IN ORDER TO BE A VENDOR WITH THE CITY OF GULFPORT THIS FORM MUST BE COMPLETED AND RETURNED TO THE PURCHASING DEPARTMENT

Company Name (DBA): _____

Owner's Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Business Is A: (Please check the appropriate box)

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

SSN # _____ Federal I.D. # _____

Signature: _____

Print Name of Signer: _____

Title: _____ Date: _____

You must supply a Federal I.D. number or a Social Security number along with that individual's name. If that information is not available, we are required by IRS regulations to withhold 31% of all monies due.

City of Gulfport's Use Only:

Department Name: _____

Name of Employee Submitting Request: _____

Description of Business Services: _____

Purchasing Use Only: Vendor Number: _____