



City of New Port Richey

5919 Main Street
New Port Richey, FL 34652
Phone: (727) 853-1061 Fax: (727) 853-1245

VENDOR REGISTRATION APPLICATION

GENERAL INFORMATION

Company Name _____
Company Address _____

Federal I.D.# _____ Phone# _____
Designated Representative/Title _____
Corporate Headquarters Address _____
How long in operation _____
Standard Billing Terms 2% _____ Net 30 _____ Other _____

Fax # _____ Phone# _____
Email: _____

COMPANY INFORMATION

Organized as: Sole Proprietorship _____ Partnership _____ Corporation _____
Activity Type: _____
Authorized Distributorship _____ Manufacturer _____
Jobber _____ Contractor _____ Owner Representative _____
Service Firm _____ Retail Dealer _____

Ownership (51% or more of the business: Check **ONE** only)
1. Caucasian _____ 2. Black _____ 3. Hispanic _____ 4. Asian-Pacific Islander _____
5. Female _____ 6. American Indian-Alaskan _____ 7. Handicap-Mental or Phys _____

Please call Purchasing at (727) 853-1055 if you have any questions. Return completed form to:

Purchasing Division
City of New Port Richey
5919 Main St.
New Port Richey, FL 34652-2785

Signature _____ Name _____

Title _____ Date _____