



**VENDOR APPLICATION**

Submit to Purchasing Services  
fax # 904-858-4868

Requested by: \_\_\_\_\_ Contact phone # \_\_\_\_\_

Request type: New \_\_\_\_\_, Update \_\_\_\_\_, Delete \_\_\_\_\_ (\*comment) Date: \_\_\_\_\_

**Attach IRS W-9 Form** *Request for Taxpayer Identification Number and Certification*  
(unless W-9 is on file & request is for update with no name change)

**Name of Firm:** \_\_\_\_\_

**Quotes & Orders** Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Remittance** Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Information:** Primary Phone (mandatory) ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Fax (if available) ( ) \_\_\_\_\_

URL (if available) \_\_\_\_\_

**\*Comments / Additional Information:** i.e. Toll Free / Mobile / Pager / Sales Rep

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MBE Certification** – (if applicable), Name of certifying Agency \_\_\_\_\_

(For internal use only.)

Request returned: incomplete \_\_\_\_, illegible \_\_\_\_, incomplete or missing W-9 \_\_\_\_\_

Vendor # \_\_\_\_\_ Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_