

# COMMERCIAL VENDOR APPLICATION

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INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE PAYMENT PROCESSED

## VENDOR INFORMATION

<b>COMPANY NAME</b>	
<b>CONTACT NAME</b>	<b>TITLE</b>
<b>ADDRESS</b>	
<b>PHONE</b>	<b>EMAIL</b>
<b>FAX</b>	<b>WEBSITE</b>

**SCOPE OF WORK** Please provide details regarding the offerings of your organization.

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**FEE INFORMATION** NSF fees are \$25.00 per returned check.

FEE AMOUNT	MADE PAYABLE TO		
PAYMENT METHOD	CHECK	MONEY ORDER	CREDIT CARD
NAME ON CARD	CREDIT CARD NUMBER	EXP. DATE	SECURITY CODE

## CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

<b>NAME</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>

## **DISCLAIMER**

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