THE CITY OF EDINBURG

VENDOR APPLICATION
(PLEASE TYPE OR PRINT CLEARLY)

MAIL ALL INVOICES TO: CITY OF EDINBURG
CITY OF EDINBURG / ACCOUNTS PAYABLE
P O BOX 1079
EDINBURG TX 78540-1079

_____NEW APPLICATION

_____REVISED INFORMATION

APPLICATION MUST BE FILLED OUT COMPLETELY

*COMPANY NAME*_____

*ADDRESS*_____

*CITY*_____ *STATE*_____ *ZIP CODE* _____

*CONTACT PERSON*_____ *TITLE*_____

E-MAIL ADDRESS _____

REMIT ADDRESS:

*COMPANY NAME*_____

*ADDRESS*_____

*CITY*_____ *STATE* _____ *ZIP CODE* _____

*ACCOUNT PAYABLE CONTACT*_____ *PAYMENT TERMS*_____

THIS APPLICATION IS FOR: _____

_____

(List type of Business/products/services)

TELEPHONE NUMBER *TOLL-FREE NUMBER* *FAX NUMBER*

(_____)_____-_____ (_____)_____-_____ (_____)_____-_____

Form W-9 is available at the Internal Revenue Service Website. www.irs.gov
A completed W-9 is required at time of submitting application

Vendor Applicants Signature _____ Date:_____

Printed Name _____ Title _____