

**CITY OF GAINESVILLE, FLORIDA - VENDOR APPLICATION FORM**

Please return the completed ***original*** Vendor Application and related forms to the City department you are doing business with. No faxes, e-mails or copies will be accepted.

**THE CITY OF GAINESVILLE IS NOT RESPONSIBLE FOR PAYMENT OF ANY GOODS OR SERVICES PROVIDED PRIOR TO THE COMPLETION AND ACCEPTANCE OF THIS VENDOR APPLICATION FORM.**

Please type or print legibly all information requested.  
A completed W-9 and Electronic Funds Transfer (EFT) Form must be submitted to complete the Vendor Application.

**THE CITY OF GAINESVILLE PAYS ONLY BY VISA OR EFT.**

**Business Name and Classification:**

Legal Name: \_\_\_\_\_  
Alias/DBA: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
SIC Code: \_\_\_\_\_  
Taxpayer ID Number (TIN): \_\_\_\_\_  
Taxpayer ID Type:  EIN  SSN/ITIN/ATIN  
Organization Type:  Individual  Company  
Classification:  Individual  Sole Proprietorship  Partnership  Incorporated  
Are you subject to Backup Withholding?  Yes  No

Local Qualified/Minority Business Type (if applicable to City of Gainesville)

Local Qualified - Small Business (S2)  Minority - Woman-owned (M2)  
 Minority - African/American (H2)  Minority - Asian/Hawaiian (J2)  
 Minority - Hispanic (I2)  Minority - Native American (K2)  
 Service-Disabled Veteran (I2)

If checked, please contact City of Gainesville - Small Business Development Department at (352) 334-5027

**Procurement (Purchase Order) Address Information:**

Number and Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
Apartment or Suite No: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Zip: \_\_\_\_\_ Alternate Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DEPARTMENT INFORMATION:**

Department submitting Vendor ApplicationForm: \_\_\_\_\_  
Department Representative: \_\_\_\_\_  
Extension and Box #: \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER FORM

**NOTE:** Vendors will be paid by electronic funds transfers (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom..

Vendor Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Authorized Signatory: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Taxpayer ID Number (TIN) or Social Security Number: \_\_\_\_\_

I hereby authorize The City of Gainesville, Florida herinafter called CITY to start payment entries to the account and the DEPOSITORY indicated below, and to credit the same such account.



Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BK/TRANSIT/ABA/NO: \_\_\_\_\_ (see example below)  
 Account Number: \_\_\_\_\_  
 Account Type:  Checking  Savings

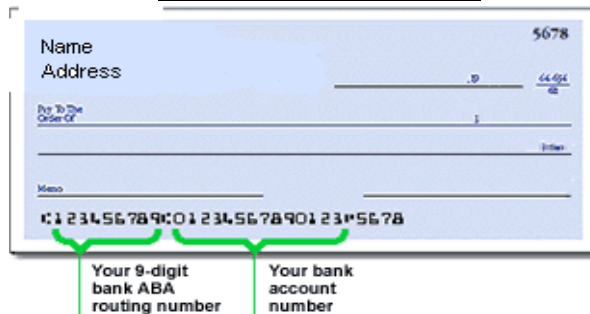
**This authority is to remain in full force and effect until the CITY has received written notification from me of its termination in such time and in such manner as to afford the CITY a reasonable opportunity to act on it.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Suggestion - cut out the check's signature area before voiding the check and sending it to Purchasing.  
 Standard Information form accepted in lieu of voided check (can also be used for depository only account).

### Attach a Voided Check Here



**DEPARTMENT INFORMATION:**

Department submitting Vendor ApplicationForm: \_\_\_\_\_  
 Department Representative: \_\_\_\_\_  
 Extension and Box #: \_\_\_\_\_