



CITY OF AMARILLO, TEXAS
PURCHASING DEPARTMENT
Revised 7/17/2012

VENDOR APPLICATION
(PLEASE TYPE OR PRINT CLEARLY)

MAIL ALL INVOICES TO: CITY OF AMARILLO _____ NEW APPLICATION
PURCHASING DEPARTMENT
P O BOX 1971
AMARILLO TX 79105-1971 _____ 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 _____

IF YOU WOULD LIKE TO SIGN UP TO HAVE ALL FUTURE PAYMENTS MADE BY DIRECT DEPOSIT PLEASE GO TO LINK AND FOLLOW DIRECTIONS TO ENROLL.
[HTTP://PORTAL.PAYMODE.COM/CITYOFAMARILLOTEXAS/](http://portal.paymode.com/cityofamarillotexas/)

PLEASE CHECK PREFERRED METHOD OF PAYMENT _____ CHECK _____ DIRECT DEPOSIT _____ EPAY

THIS APPLICATION IS FOR _____ SERVICES _____ COMMODITY PURCHASES _____ BOTH

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

YOU MUST LIST THE COMMODITIES, OR SERVICES THAT YOU WISH TO BE PLACED ON THE BIDDERS LIST FOR APPLICATIONS. WITHOUT THIS INFORMATION IT WILL NOT BE ACCEPTED. PLEASE INCLUDE THE NIGP CODES FOR THE ITEMS. YOU CAN FIND THE NIGP CODES ON: www.window.state.tx.us/procurement/ WE REQUIRE A MINIMUM OF FIVE (5) DIGITS.

Entries for Historically Underutilized Business (HUB) and Disadvantaged Business Enterprise (DBE)
(Check all applicable boxes):

____ I am certified as a Historically Underutilized Business (HUB)
Is your company at least 51% owned, controlled and actively managed by:

- | | |
|--|---|
| ____ Hispanic American | ____ Black American |
| ____ Eskimo, Aleut & Native Hawaiian | ____ Asian Pacific American (Includes Oriental) |
| ____ Women/women | ____ Native American (Includes American Indian) |
| ____ Certified by Texas Department of Commerce | ____ Other (Please List) _____ |

____ I am certified as a Disadvantaged Business Enterprise (DBE). Please provide:

Year Business Established _____ Annual Gross Receipts _____

AFFIDAVIT

“The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of the above named firm as well as the ownership thereof. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.”

Signature

Date

Printed Name

Title

Contact Information

Phone: 806-378-3028 **Fax:** 806-378-9494 **Email:** purchasing2@amarillo.gov