



**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](http://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/](http://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