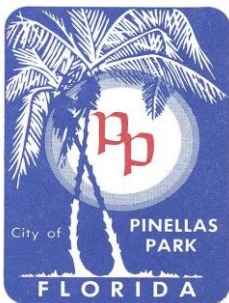


City of

# PINELLAS PARK



# FLORIDA

**PLEASE RETURN BY MAIL TO:**

PURCHASING DIVISION  
P.O. BOX 1100  
PINELLAS PARK, FL 33780-1100

PHONE • (727) 541-0750

**OR FAX:**

FAX • (727)-541-0850

## **VENDOR APPLICATION**

*(THIS FORM IS FOR ALL PURCHASES UNDER \$20,000.00)*

**NAME OF FIRM:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PRIMARY BUSINESS:** \_\_\_\_\_

**INDICATE SERVICE/SUPPLIES PROVIDED:** \_\_\_\_\_

*I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by City of Pinellas Park from providing/furnish materials, supplies or services **(ALL LABOR PERFORMED SERVICES WILL REQUIRE PROOF OF INSURANCE – PLEASE CEHCK WITH THE CITY'S RISK MANAGEMENT DIVISION FOR THESE REQUIREMENTS (727) 541-0705)** to the City or any agency thereof.*

**PRINT - NAME AND TITLE OF PERSON SIGNING:**

**SIGNATURE - PERSON AUTHORIZED TO SUBMIT APPLICATION:**

NOTE: ALL APPLICATIONS ARE SUBJECT TO REVIEW & INVESTIGATION PRIOR TO VALIDATION FOR PLACEMENT ON APPROVED VENDOR LIST(S)