



**CITY OF SAN JUAN
PURCHASING DIVISION
VENDOR APPLICATION
(SUBMIT WITH CURRENT W9 FORM)**

Company Name:	Telephone No.
Mailing Address:	Fax No.
Physical Address:	
City, State, Zip	Federal Tax I.D.# or Social Security #
Remit Address:	City, State, Zip
E-Mail Address:	
Representative(s) Name(s) & Title(s)	
Type of Organization (check one):	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify
Type of Business (check one):	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify
<u>Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:</u>	
What type of product(s) is/are solicited by your company?	
Would you like to be provided with specifications for procurements of such products? () Yes () No	
Is Company a member of a Purchasing Cooperative Program? () Yes, If so, attach list of such () No	
To be completed by City of San Juan: Received by (Purchasing): _____ Date: _____	

The City requires that you furnish a certificate of insurance as required by Texas Labor Code 406.096, prior to commencement of any work/service. Coverage must be as follows (minimum amounts):

Worker's Compensation
Comprehensive General Liability
Bodily Injury Property Damage
(Per Occurrence)

Statutory
\$1,000,000
\$1,000,000

Please return this form by mail or email:

City of San Juan
Purchasing Division
512 S. Nebraska
San Juan, Texas 78589
Phone: (956)223-2204
lmaldonado@sjtx.us