

Return this application to:

# City of La Porte



# VENDOR APPLICATION

**Physical Address:**

604 W. Fairmont Pkwy

La Porte, TX 77571

Off: (281) 470-5126

FAX: (281) 470-5127

[purchasing@laportetx.gov](mailto:purchasing@laportetx.gov)

Date
------

<b>Company Name</b>			
a. Address for mailing inquiries & purchase orders:		Address for mailing payments:	
b. Physical address of primary location:			
Contact		E-mail address	
Federal ID # (SSN for Individuals)		Telephone ( )	
		Fax ( )	
Small Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Historically Underutilized Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Business <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Type _____			

## GENERAL INFORMATION

Persons or concerns interested in being added to the City of La Porte's vendor list should submit this application with the Purchasing Division.

**New vendors and vendors submitting a company name change must include a completed W-9 form with the request.**

The City of La Porte Purchasing Division maintains a computer listing of all vendors who wish to do business of the City. The bidders' list is categorized by commodity types. Once included on this list, you will receive a bid request when a need for your product exists. Your firm will remain on our list as long as you continue to return bid requests which contain price quotes or are marked "No Bid". Vendors which have not returned two (2) consecutive requests will be removed from the list.

Please notify the City of La Porte, Purchasing Division immediately of any changes. This includes change of name, address or telephone number, and addition or deletion of items you are interested in providing. Intentional reporting of false information on this form will be grounds for permanent disqualification as a city goods or service provider.

Please add my company to the City of La Porte's vendor mailing list for the following goods and/or services:

- |          |          |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

By signature below, I acknowledge that all information listed is accurate to the best of my knowledge.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date