



SELMA VENDOR APPLICATION

Vendor must complete and return form (please print or type) to be included on the City's Vendor Reference List.

TODAY'S DATE _____

FIRST NAME _____ MI _____ LAST NAME _____

COMPANY INFORMATION

NEW BUSINESS START-UP PURCHASED EXISTING BUSINESS SECURED A FRANCHISE MERGER OR CONSOLIDATION OTHER (PLEASE SPECIFY) _____

LEGAL STRUCTURE

PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY

TYPE OF BUSINESS

<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> PROFESSIONAL SERVICES	<input type="checkbox"/> BROKER
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> FINANCE	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> SERVICE	<input type="checkbox"/> DISTRIBUTION	<input type="checkbox"/> OTHER

COMPANY NAME _____ OFFICE # _____
 TITLE _____ FAX# _____
 COMPANY ADDRESS _____ CELL # _____
 SUITE # _____ PAGER # _____
 CITY _____ STATE _____ ZIP / POSTAL CODE _____
 EMAIL _____ URL _____

CONTACT PERSON: _____ EMAIL _____

DATE COMPANY FOUNDED _____
 (MONTH/YEAR) _____
 COMMODITIES AND/ OR SERVICES PROVIDED _____

NUMBER OF EMPLOYEES 1-10 11-25 26-50 50+

GROSS SALES _____ PROJECTED SALES _____
 EIN NUMBER _____ SIC CODE _____
 BUSINESS LIC. # _____ NAICS _____

FINANCIAL INSTITUTION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

HOME ADDRESS _____ HOME # _____ FAX # _____
 CITY _____ STATE _____ ZIP _____
 SPOUSE/ PARTNER _____

HOW DID YOU HEAR ABOUT SELMA'S VENDOR PROGRAM?

REFERRAL NEWSPAPER/ OTHER MEDIA INTERNET MAILING

WHERE WOULD YOU LIKE YOUR IFB/ RFP MAIL TO BE SENT? WORK HOME

REFERENCES

AGENCY NAME _____ CONTACT _____ PHONE # _____
 AGENCY NAME _____ CONTACT _____ PHONE # _____
 GSA CONTACT? YES _____ NO _____ CONTACT INFORMATION _____
 STATE /COUNTY CONTACT? YES _____ NO _____ CONTACT INFORMATION _____

BUSINESS IS: _____ MINORITY OWNED _____ WOMAN OWNED _____ DISABLED/CERTIFYING AGENCY

DISCLAIMER: ALTHOUGH THE CITY OF SELMA DOES NOT HAVE A "SET ASIDE" PROGRAM, EVERY EFFORT IS MADE TO ALLOW THE OPPORTUNITY FOR SMALL, MINORITY, AND WOMEN-OWNED BUSINESSES WITH THE CITY OF SELMA. THE CITY OF SELMA WILL ENCOURAGE SMALL, MINORITY, AND WOMEN-OWNED BUSINESSES TO REGISTER AS A VENDOR WITH THE CITY OF SELMA, AND TO SUBMIT RESPONSES TO SOLICITATIONS.

OFFICIAL USE ONLY	APPROVED:	DATE:	INITIALS:
-------------------	-----------	-------	-----------

VENDOR APPLICATION