



Service-Based Vendor Application

Section 1: Vendor Information

Legal Business Name: _____

Doing Business As (DBA): _____

Type of Entity: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Federal Tax ID (EIN or SSN): _____

DUNS Number (if applicable): _____

Business Address:

Street: _____

City: _____ State: _____ Zip: _____

Remit-To Address (if different):

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Website (if any): _____

Section 2: Service Information

Description of Services Provided:

Years in Business Providing These Services: _____

List Clients for References (2):

Certifications or Licenses Held (attach copies):

Section 3: Insurance and Compliance

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 amount):

**Worker's Compensation****Statutory**

Comprehensive General Liability	\$1,000,000
Bodily Injury Property Damage per occurrence	\$1,000,000

Do your employees or subcontractors undergo background checks if required by the scope of work? ☐ Yes ☐ No

Are you a registered vendor with [State or Local Government, if applicable]? ☐ Yes ☐ No

Section 4: Payment Information

Preferred Method of Payment: ☐ Check ☐ ACH/Direct Deposit

- If ACH, complete and attach a Direct Deposit Authorization Form with a voided check or bank letter.

Net Terms Requested (subject to approval): ☐ Net 30 ☐ Net 15 ☐ Due Upon Receipt

Section 5: Certifications (Check all that apply, if any)

☐ Minority-Owned Business

☐ Woman-Owned Business

☐ Veteran-Owned Business

☐ Small Business

☐ HUBZone

☐ Other: _____

Section 6: Acknowledgment and Signature

I certify that the information provided on this application is accurate and complete. I understand that submission of this form does not guarantee approval or engagement of services. I agree to comply with all applicable laws and regulations and with the terms set forth by [Your Organization Name].

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Required Attachments (checklist):

☐ W-9 Form

☐ Certificate of Insurance

☐ Business License or Certification (if applicable)

☐ ACH Authorization Form (if requesting direct deposit)