CITY OF ELSA

VENDOR APPLICATION

(SUBMIT WITH W-9)

Company Name	Telephone No. ( )
Mailing Address:	Fax No. ( )
Physical Address: (If different from above)	
City, State, Zip	Federal Tax I.D. # or Social Security #
Remitt to Address :	
Representative(s) Name(s) & Title(s)	
Type of Organization: (Check one):	____Individual ____ Partnership _____ Corporation ____ Non-Profit ____ Distributor _____ Other, Specify_____
Type of Business(Check one):	____ Manufacturer _____ Wholesaler _____ Retailer ____ Distributor _____ Service Organization____ Other, Specify
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:	
What type of Products is/are solicited by your company?:	
To be Completed by City Of Elsa: Received by (Purhcasing/Finance)_____Date Received_____	
Vendor W-9 Received ( ) Yes ( ) No	Entered Into CSA ( ) Yes ( ) No BY _____

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 occurnace	$1,000,000
Please return form by email or mail:	City Of Elsa Finance Dept PO Box 427 Elsa, TX 78543 Phone(956)262-2137 Ext. 8 j.collins@cityofelsa.net