



CITY OF GREEN COVE SPRINGS
Preferred Vendor Application

Company Name: _____

Address: _____

City: State: Zip: _____

Phone number: _____

Fax number: _____

Contact Person: _____

Contact Person: _____

E-mail Address: _____

Notification Address **If Different From Above:** _____

City: _____

State: _____ Zip: _____

Contact Person: _____

Taxpayer and Commodity Information

Contact Person: _____

Phone number: _____

Federal Tax ID ____ / _____ or Social Security # ____ / ____ / ____

Commodities / Services:

1. _____

2. _____

3. _____

4. _____

Completed by (**print and sign**) Date

The following must be attached with this completed application:

- 1) A current copy of your W-9.
- 2) A copy of your sales tax exemption certificate if applicable.
- 3) A copy of your workers compensation insurance certificate.

Please complete the following application and submit it to the Purchasing Department located at 321 Walnut Street, Green Cove Springs, FL 32043 (904) 297-7500 x3320. Applications may be submitted via e-mail to bids@greencovesprings.com with the subject line to read: "Preferred Vendor Application". Incomplete applications will not be processed. Please answer all questions.