Town of Apple Valley

14955 Dale Evans Parkway

Apple Valley, CA 92307

Vendor's List Application

Date of Application:	
Telephone Number Inc. Area Code:	
Fax Number:	
E-mail address:	
Cell Phone # for emergency use only:	

BUSINESS DATA

Name of Firm / Applicant:	
Address to send Quote requests:	
Remittance Address:	
Type of Organization: (Circle One)	Individual, Partnership, or corporation
Type of Business: (Circle One)	Mfrs / Producer Wholesaler Retailer Mfr's Agent
	Service Jobber Distributor Contractor

Name of Officers, Members, or Owners of Business.

President:	Vice President:

Owners or Partners:

Persons to contact on matters concerning bids and contracts (If agent, so specify)

Name	Official Capacity	Telephone Number

Commodities or services

References

Other Public Agencies with whom you do business.

Agency Name	Person to Contact	Telephone number.

Bank or Credit References:

Certification

I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by the Town of Apple Valley to bid on furnished materials, supplies or services for the Town or any agency thereof.

Insurance, Vendors making delivery or providing services on Town premises shall provide Certificate of Insurance when requested by the Purchasing Department.

Note: Failure to respond to three consecutive bid requests may be cause for suspension from vendor's list. All applications are subject to review and investigation prior to validation for placement on approved vendor's list. Vendors conducting business within the Town of Apple Valley for the delivery of goods or services are subject to all current business license requirements.

Signature	Title and Date

For Purchasing Department Use Only

Date Received:	Date Entered:
Vendor Number:	Comments:
Town of Apple Valley Business License #	