

***City of Waycross***  
Vendor Application Form

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing/Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Officers/Owners: \_\_\_\_\_

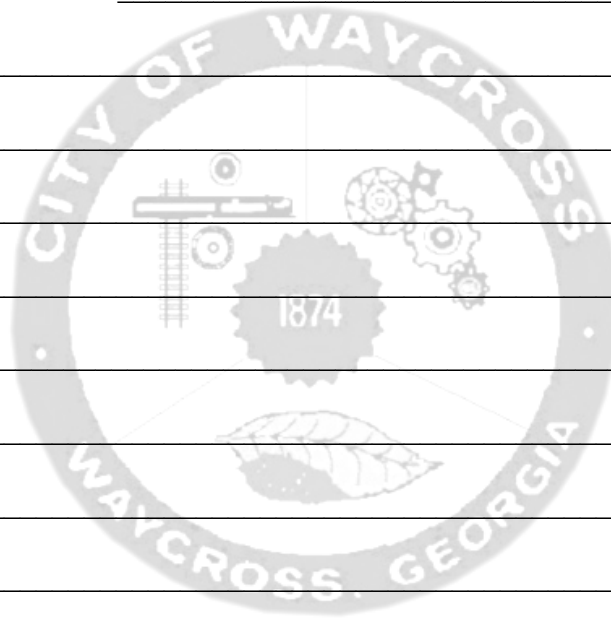
Years In Business: \_\_\_\_\_ Special Terms: \_\_\_\_\_

Products/Services Offered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(For City Use Only)

W-9 Completed: \_\_\_\_\_ Vendor# \_\_\_\_\_ Vendor Code: \_\_\_\_\_