



DeSoto Co. Purchasing Department  
201 East Oak Street, Suite 203  
Arcadia, Florida 34266  
863-993-4816-Phone  
863-993-4819-Fax

**Official Use Only:**

Vendor No. \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

## **VENDOR APPLICATION**

PLEASE TYPE OR PRINT NEATLY. APPLICANT MUST COMPLETE ALL SPACES PROVIDED OR APPLICATION WILL BE RETURNED.

### **BUSINESS INFORMATION**

Business Name:		Type of Business:		Federal Employer ID# (Original W9 Required)	
Physical Address: (Include Suite/Bldg. No):			City, State		Zip Code:
Mailing Address: (only if different from street):			City, State		Zip Code
Toll Free Number:	Office Number:	Fax Number:		Email Address:	
Occupational License: (if applicable)  (Please attach if available)	Professional License: (If Applicable)  (Please attach if available)		Certificate of Insurance: (If Applicable):  (please attach if available)		
Organization: (Check One) ___ Individual ___ Partnership ___ Corporation (Incorporated under the laws of the state of _____)					
Principal Officer of Corporation or Partnership (Include name and title)					
Account number assigned to DeSoto County (If applicable):					
Please list all commodity codes that apply using commodity code index attached: (If space below is inadequate, please attach a separate sheet)					
_____					
_____					
<input type="checkbox"/> Local Business <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE Certificate # _____					

### **PERSON TO CONTACT FOR BIDS OR QUOTES**

Contact Name:		Contact Email Address: * Please provide for Bid Information			
Contact Street Address:		City, State		Zip Code	
Contact Mailing Address:		City, State		Zip Code	
Contact Toll Free Number:	Office Number:	Fax Number:		Cell Number: (Optional)	

### **CERTIFICATION**

I certify that I am the owner or an authorized officer or agent for the above company and that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person or concern in any connection with the applicant as a principal officer, so far as is known, is now debarred or otherwise declared ineligible by the DeSoto County Board of County Commissioners from bidding for furnished materials, supplies or services to the DeSoto County Board of County Commissioners or any agency thereof.

**NOTE:** Failure to respond to bid requests may be cause for removal from vendor list. All applications are subject to review and investigation prior to validation for placement on approved vendor list.

**NON COLLUSION:** The vendor, by affixing its signature to this application, certifies that its application is made without previous understanding, agreement, or connection with any person, firm or corporation making application for the same commodity classes and is in all respects without outside control, collusion, fraud, or otherwise illegal action.

**\*\*\*Signature of Owner, Officer or Authorized Agent:\*\*\***

Print Name Here:	Title:	Date:
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