

City of
PINELLAS PARK

PURCHASING DIVISION
P.O. BOX 1100
PINELLAS PARK, FL 33780-1100



FLORIDA

PHONE • (727) 369-5712

OR E-MAIL:

purchasing@pinellas-park.com

VENDOR APPLICATION

NAME OF FIRM: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PRIMARY BUSINESS: _____

INDICATE SERVICE/SUPPLIES PROVIDED: _____

I certify 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 or officer so far as is known, is now debarred or otherwise declared ineligible by City of Pinellas Park from providing/furnish materials, supplies or services **(ALL LABOR PERFORMED SERVICES WILL REQUIRE PROOF OF INSURANCE – PLEASE CHECK WITH THE CITY’S RISK MANAGEMENT DIVISION FOR THESE REQUIREMENTS (727) 369-0639)** to the City or any agency thereof.

PRINT - NAME AND TITLE OF PERSON SIGNING:

SIGNATURE - PERSON AUTHORIZED TO SUBMIT APPLICATION:
