



Purchasing Department - Vendor Registration Form

Vendor Information*

Company Name	Federal Tax I.D.
Is your company incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, is your company subject to 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address*

Street Address	Suite #
City	State
Phone	Zip
Fax	
Website	

Payment Address (Check if same as above)

Street Address	Suite #
City	State
Phone	Zip
Fax	
Email	

Company Contact *

Person authorized to sign bids, offers and contracts (indicate if Agent)

Name	Title	Phone:
		Fax:
		Email:

Are the Owner or any Officers currently or in the last two (2) years an employee of the City of North Miami? Yes No

Commodity Codes*

Please indicate the type of materials and/or services which you desire your company to be listed under or provide your NIGP 5- digit Commodity Code. You may visit our website to view codes.

Check all that applies*

BB - Black owned business WB - Women owned business
 HB - Hispanic owned business LB - Local business (located within North Miami)

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 know is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials supplies or services to any agency thereof.

Signature	Print name and title of person signing	Date
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Mail or fax your registration form

MAIL
 City of North Miami
 Attention: Procurement Department
 776 NE 125 Street
 North Miami, FL 33161

Fax: 305.891.1015
 Phone: 305.895.9886
 Website: www.northmiamifl.gov