



CITY OF WEST PALM BEACH
Office of the City Attorney
Procurement Division
401 Clematis Street, 5th FL
West Palm Beach, FL 33401
Tel: 561-822-2100
TTY: 800-955-8771

VENDOR APPLICATION

Email completed W9 Form & Vendor Application to: Procurement@wpb.org

Firm Name: _____
(Reporting Name As registered with Florida Secretary of State) Federal ID or SSN (if individual)

DBA (Doing Business As): _____
(If applicable)

Principal Address: _____

City: _____ State: _____ Zip Code: _____

Remit To Name: _____
(Firm Name OR DBA)

Remit To Address: _____

City: _____ State: _____ Zip Code: _____

Remit To Contact Person: _____ Title: _____

Tel: (____) _____ Email: _____

Federal Income Tax Reportable Income Tax Type MISC7 non-employee compensation

Principal Line of Business: _____

☐ Commodity ☐ Service ☐ Professional Service

Description of Service or Goods Provided: _____

NIGP Commodity Codes: (Provide Description & Category Number)

Firm certified ☐ Small Business MWBE with the City or Palm Beach County (Provide documentation)

If company presently holds any Florida government contracts, list contract name, number & expiration date:

Vendor Application Completed By: _____ Title: _____

Tel: _____ Email: _____