

# CITY OF JASPER

PURCHASING

P.O. BOX 1589

JASPER, AL 35502

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## VENDOR APPLICATION

VENDOR NAME: \_\_\_\_\_

FEDERAL TAX ID# OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

TYPE OF GOODS OR SERVICES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_