

CITY OF TREASURE ISLAND VENDOR APPLICATION



Please print or type
And return to:

City of Treasure Island
Purchasing Section
120-108th Ave
Treasure Island, Fl 33706

NAME OF FIRM: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ TELEPHONE: _____

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 the City of Treasure Island from providing / furnish materials, supplies or services to the City or any agency thereof.

NAME AND TITLE OF PERSON SIGNING:

SIGNATURE OF PERSON AUTHORIZED TO SUBMIT APPLICATION:

INITIAL APPLICATION () REVISION ()

NOTE: ALL APPLICATIONS ARE SUBJECT TO REVIEW AND INVESTIGATION PRIOR TO VALIDATION FOR PLACEMENT ON APPROVED VENDOR LIST(S)

