



Mail to:
 City of Murrieta
 Finance Department
 24601 Jefferson Ave.
 Murrieta, CA 92562
 (951) 304-CITY

VENDOR APPLICATION

Revised 11/03/08

BUSINESS DATA	Business Name:		Taxpayer Identification #:		Office Use Only								
	DBA (If applicable):				Vendor Number								
	Individual Name (If sole proprietor) Include MI:			Social Security #:		Input Date							
	Business Address:												
	Remittance Address (If different):												
	City:		State:	Zip Code:									
	Principle Contact for Firm:			Title:		Phone Number:							
	Telephone Number:			Fax Number:		E-Mail/Website:							
	Type of Entity: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietor</td> <td><input type="checkbox"/> Tax Exempt/Non-profit</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Government or Trust</td> </tr> </table>							<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Tax Exempt/Non-profit	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government or Trust
	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation											
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Tax Exempt/Non-profit												
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government or Trust												
Is Business licensed to do business in the City of Murrieta: <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">City of Murrieta Business License is required if conducting business in the City of Murrieta. (M.C.C. 5.04.020)</p> City Business License # _____ Expiration Date: _____													
Check all boxes that apply: <input type="checkbox"/> Goods only <input type="checkbox"/> Goods and Services <input type="checkbox"/> Rents/Leases paid to you as agent <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Other: _____ Brief Description of type of supplies and/or services offered required): _____ _____													
CERTIFICATION	The undersigned hereby certifies that the above and foregoing information is a full, true, and correct statement of the facts.												
	Signature		Title		Date								

- | | |
|---|---|
| 1. Terms: The City of Murrieta is <u>Net 30 days.</u>
3. Purchase order required for \$ <u>1,000.00 or more.</u> | 2. The City of Murrieta is <u>not</u> tax exempt.
4. W-9 form on reverse side <u>must be completed</u> to be accepted. |
|---|---|