



Vendor Information Form

Vendors interested in being added to the City of Tallahassee's vendor list should return this application to Procurement Services by email to vendors@talgov.com, or mail to the City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301, or by fax to (850) 891-8796.

NOTE: A completed IRS W-9 Form **MUST be attached to process this application.**

This is not an application to be placed on the City's vendor list to receive solicitations. If you have any questions, please contact Procurement Services at (850) 891-8280.

As a new vendor with the City of Tallahassee, you will be automatically enrolled into the [BIZ-e](#) portal.

<input type="checkbox"/> New Vendor		<input type="checkbox"/> Change of Information to Existing Vendor		
Payment Method:		<input type="checkbox"/> VCard - Virtual Mastercard (paid within 5 to 7 days)	<input type="checkbox"/> Direct Deposit (paid within 18 to 22 days)	
Legal Company Name:				
Preferred BIZ-e Username:				
Purchase Order Mailing Address	Street 1:			
	City:	State:	Zip:	
Payment Remit Address	Street 1:			
	City:	State:	Zip:	
Primary Contact Person	Name:			
	Email Address:			
	Phone Number:	Fax Number:		
Contract Management Contact	Name:			
	Email Address:			
	Phone Number:	Fax Number:		
VENDOR CERTIFICATION: I certify that the above information is accurate and complete.				
Signature ▶ _____		Date ▶ _____		
Complete W-9 Form and submit with application				
City/Department Contact Person:			City Contact Phone #:	
CITY OF TALLAHASSEE USE ONLY	<input type="checkbox"/> PR	<input type="checkbox"/> HR	Employee ID/Vendor ID:	HCM Class:
	Date Recvd:		Date Entered:	Entered By:
	<input type="checkbox"/> Withholding		<input type="checkbox"/> Temporary One-Time Only Vendor	