



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:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City:</td> <td style="width: 30%;">State:</td> <td style="width: 30%;">Zip:</td> </tr> </table>	City:	State:
City:	State:	Zip:	
Payment Remit Address	Street 1:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City:</td> <td style="width: 30%;">State:</td> <td style="width: 30%;">Zip:</td> </tr> </table>	City:	State:
City:	State:	Zip:	
Primary Contact Person	Name:		
	Email Address:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Phone Number:</td> <td style="width: 50%;">Fax Number:</td> </tr> </table>	Phone Number:	Fax Number:
Phone Number:	Fax Number:		
Contract Management Contact	Name:		
	Email Address:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Phone Number:</td> <td style="width: 50%;">Fax Number:</td> </tr> </table>	Phone Number:	Fax Number:
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: _____ Vendor ID: _____		
	<input type="checkbox"/> Withholding _____ <input type="checkbox"/> Temporary One-Time Only Vendor _____		