



VENDOR REGISTRATION FORM

Type of Application: New Application Update to previous application

Company Name: _____

Contact Person: _____

Title/Position: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____
Area Code Number Extension

Fax: _____
Area Code Number

Cell: _____
Area Code Number

Email: _____

Web Site: _____

Goods/Services Provided: Please choose the appropriate vendor class code(s)
(see list available on City website)

Code: _____ Code: _____ Code: _____ Code: _____ Code: _____

Send completed form to Linda Aguilera, Purchasing Assistant at the address listed below
or by email to laquilera@cityofmadera.com