



CITY OF DORAL

Vendor Application

Mailing Address:
8401 NW 53 Terrace
Doral, Florida 33166

Remit to:
Procurement
Phone: (305) 593-6725
Fax: (305) 406-6722

Business Name: _____

Order Address: _____ City: _____ State: _____ Zip: _____

Pay to Address: _____ City: _____ State: _____ Zip: _____
(if different)

Bid Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____ Website URL: _____

Contact Person: _____ Title: _____

Federal I.D. No.: _____ Date Business Established: _____

Business is: Corporation Proprietorship Partnership Other: _____

Primary business classification (check all that apply):

Retailer Wholesaler Manufacturer Services Prime Contractor Sub Contractor

All applicants are required to provide a copy of their Occupational License as well as a Certificate of Insurance with the City of Doral as the certificate holder.

Please see the enclosed commodity list to properly identify the commodities and/or services, which your firm provides. Please mail completed Vendor Application to the mailing address above.

The undersigned does hereby certify that the foregoing and subsequent statements (including Business Entity Disclosure form) are true and correct.

Name: _____ Title: _____

Print Name: _____ Date: _____