



# CITY OF CHINO HILLS VENDOR APPLICATION

14000 CITY CENTER DR.  
CHINO HILLS, CA 91709

INITIAL APPLICATION  
UPDATE

**FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN NO ACTION**

NAME OF BUSINESS

ADDRESS TO WHICH PURCHASE ORDERS AND QUOTATIONS ARE TO BE MAILED

ADDRESS TO WHICH REMITTANCE IS TO BE MAILED

CHECK ONE:    SOLE PROPRIETOR    PARTNERSHIP    CORPORATION    INDICATE STATE    FEDERAL TAX ID/SOCIAL SECURITY

CONTRACTORS LICENSE NUMBER

LENGTH OF TIME IN BUSINESS

OTHER

Yrs

Months

PERSONS TO CONTACT CONCERNING BIDS / PHONE QUOTES / CONTRACT SIGNING

NAME / TITLE

PHONE NUMBER / EXT.

EMAIL

CHECK THE CATEGORY WHICH APPLIES TO YOUR ENTITY

MANUFACTURER / PRODUCER

RETAILER

WHOLESALER

SERVICE

CONSTRUCTION

OTHER

INDICATE THE TYPE OF SERVICE OR SUPPLIES THAT YOUR FIRM WOULD BE PROVIDING TO THE CITY

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER)

OTHER PUBLIC AGENCIES WITH WHOM YOU DO BUSINESS

AGENCY NAME

PERSON TO CONTACT

PHONE NUMBER

INSURANCE      VENDORS MAKING DELIVERIES OR PROVIDING SERVICES ON CITY PREMISES SHALL PROVIDE CERTIFICATE OF INSURANCE PER "APPLICANTS INSTRUCTION" WHEN REQUESTED BY THE PURCHASING DIVISION

I CERTIFY THAT THE INFORMATION SUPPLIED HERIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSONS (OF CONCERN) ARE IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER, SO FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY PUBLIC AGENCY FROM QUOTING OR FURNISHING MATERIALS, SUPPLIES OR SERVICES TO ANY AGENCY THEREOF.

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
SIGNATURE OF PERSON AUTHORIZED TO SIGN CONTRACTS

\_\_\_\_\_  
PLEASE PRINT NAME AND TITLE OF PERSON SIGNING