



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	SECRETARY OF STATE NUMBER	LENGTH OF TIME IN BUSINESS		OTHER
		Yrs	Months	

PERSONS TO CONTACT CONCERNING BIDS / PHONE QUOTES / CONTRACT SIGNING

NAME / TITLE	PHONE NUMBER / EXT.	EMAIL
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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
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INSURANCE	VENDORS MAKING DELIVERIES OR PROVIDING SERVICES ON CITY PREMISES SHALL PROVIDE CERTIFICATE OF INSURANCE PER "APPLICANTS INSTRUCTION" WHEN REQUESTED BY THE DEPARTMENT
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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