



CITY OF
HAYWARD

HEART OF THE BAY

VENDOR APPLICATION FORM

Company Name: _____
(Legal Name)

_____ Federal Tax ID#

Tax Payer Name: _____
(Legal Name)

_____ Social Security #

PURCHASING INFORMATION

ACCOUNTS PAYABLE INFORMATION

_____ Address (Receipt of Order)

_____ Address (Payment Remittance)

_____ City/State Zip Code

_____ City/State Zip Code

_____ Contact Name

_____ Contact Name

_____ Telephone #

_____ Phone #

_____ Fax #

_____ Fax #

_____ E-mail Address

_____ Payment Terms:

_____ Web Address

_____ Standard Industry Code:

Commodity/Services Provided

(A cover letter on company letterhead and line cards may be included with this application)

Minority Owned? (Circle one) Yes / No
(If yes, circle the applicable categories)

Female/Woman African American Asian American Native American Hispanic/Latin Other (specify) _____

Business Data (Circle one)

Large Business Small Business Small Disadvantaged Business Non-Profit Woman-Owned

Does your company maintain a physical presence in the City of Hayward? Yes ___ No ___

V/C: _____
I/C: _____
*For Purchasing Use Only



Address (if different from above): _____

Describe (warehouse, sales office, administration office, plant, etc.): _____

Type of business (Circle one) Corporation Partnership Individual Government Agency

How long have you been in business? _____ Are you incorporated? (Circle one) Yes / No.

Who are the principle owners? _____

Who are some of your major customers? May we contact some of them for references? Yes / No

1. Company Name _____

Contact/Title _____

Address _____

Phone # _____

City/State _____ Zip Code _____

Fax # _____

2. Company Name _____

Contact/Title _____

Address _____

Phone # _____

City/State _____ Zip Code _____

Fax # _____

3. Company Name _____

Contact/Title _____

Address _____

Phone # _____

City/State _____ Zip Code _____

Fax # _____

Signature _____ Title _____ Date _____