## CITY OF DONNA VENDOR REGISTRATION

| Company Name:   | Telephone No.:   |
|---|--|
|   | ( )  |
| Mailing Address:  | Fax No.:   |
| Physical Address:   |  |
| City, State, Zip  | Federal Tax I.D. # or Social Security #:                                   |
| Remit to Address:   | City, State, Zip   |
| Email Address:  |  |
| Representative(s) Name(s) & Title(s)  | ):   |
| Type of Organization (check one):   | IndividualPartnershipCorporationNon-ProfitSole ProprietorLLCOther, Specify |
| Type of Business: (check one):  | ManufacturerWholesalerRetailerBrokerSole ProprietorLLCOther, Specify       |
| Name & Title of Person(s) Authorized to Sign Bids, Proposals and/or Contracts:                      |  |
| What type of product(s) is/are solicited by your company?   |  |
| Would you like to be provided with specifications for procurements of such products? ( ) Yes ( ) No |  |
|   |  |
| To be completed by City of Donna:   | Rec'd by Date Rec'd  |

Please return form to: City of Donna

Attn: City Secretary

307 S. 12<sup>th</sup> St., Donna, Texas 78537 (956) 464-3314 Fax: (956) 464-9923