

CITY OF LAREDO VENDOR APPLICATION FORM



Vendor Information										
VENDOR NAME: (AS IDENTIFIED BY INTERNAL REVENUE SERVICE)										
							,			
ADDRESS TO WHICH BIDDIN	NG FORMS AND PRUCHASE C	RDERS ARE TO	BE MAILED:		CITY	STATE	ZIP CODE			
PAYMENT ADRRESS INFORM	MATION:				CITY	STATE	ZIP CODE			
	Tem			readan secesar						
PHONE:	FAX:		A WATER TO THE TANK STATE	E-MAIL ADDRESS:	JACKS STATE OF STREET	STATE OF STREET	Waster Teachers			
Owner Information (SELEC	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN 1									
	SOLE PROPRIETORSHIP LIMITED PARTNERSHIP PARTNERSHIP			☐ CORPORATION ☐ PROFESSIONAL ASSOCIATION						
OWNER'S NAME:				TEXAS CHARTER NU	JMBER:					
	<u></u>									
SOCIAL SECURITY NUMBER:	SHIP)	FEDERAL EMPLOYER'S IDENTIFICATION #								
LIST OF COLADANY DEDLATE	LICENICES AND SERVICE	CONC								
LIST OF COMPANY PERMITS	S, LICENSES, AND CERTIFICAT	IONS:								
Incurance Information (list	Coverage Amount in Dollar	·c)	_	Marine Marine San San San		-	-			
insurance information (List	Coverage Amount in Donar	5)	INCLIDANO	E COMPANY INFORM	AATION		200			
			INSURANC	E CONFAINT INFORM	MATION.					
WORKER'S COMPENSATION	PUBLIC LIABILITY	OTHER								
WORKER S COIVII ENSATION	TOBLIC LIABILITY	OTTEN								
PROPERTY DAMAGE	PRODUCT LIABILITY									
Company Classification Information										
SELECT CATERGORY WHICH										
☐ MANUFACTURER	□ RETAILER	DISTRIBUT	OR	☐ FINANCIAL INSTIT	TUTION					
□ WHOLESALER	☐ MTG'S AGENT	☐ SERVICE ESTABLISHMENT		GOVERNMENTAL ENTITY						
☐ SMALL BUSINESS	☐ HISTORICALLY UNDERUT									
	STATE OF TEXAS CERTIFICA			·	RATION DAT	E:				
Open Market & Service Bid			W. W. W. W. W.			10514	TOWN THE			
	ONS ON WHICH YOU WOULD	LIKE TO BID. I	F ADDITIONAL SE	PACE IS NEEEDED. PL	EASE ATTAC	H A SEPAR	ATE SHEET.			
	CODE NUMBERS ASSOCAITED									
I CERTIFY THAT THE ABOVE	INFORMATION AND FOREG	OING INFORM	ATION IS A TRU	E AND CORRECT STA	TEMENT OF	THE FACT	SAND			
AGREE TO FAITHFULLY ABIDE BY THE PURCHASING LAWS AND RULES OF THE STATE OF TEXAS NOW IN EFFECT AND ANY SUBSEQUENT										
REVISIONS THEREOF.										
NAME OF PERSON AUTHOR	TITLE:									
SIGNATURE OF PERSON AU	DATE:									
SEND OR RETURN COMPLE	OR E-MAIL TO RESPECTIVE PURCHASING REPRESENTATIVE:									
CITY OF LAREDO – PURCHASING DIVISION			Miguel A. Pescador, Purchasing Agent: mpescador@ci.laredo.tx.us							
5512 THOMAS AVE.			Enrique Aldape: ealdape@ci.laredo.tx.us							
LAREDO, TEXAS, 78041-0679			Brenda Martinez: bmartinez2@ci.laredo.tx.us							
PHONE: (956) 794-1730	Margarita Bosquez: mbosquez@ci.laredo.tx.us									
FAX: (956 790-1805			Tania Herrera: therrera1@ci.laredo.tx.us							
	Frank Miranda: fmiranda@ci.laredo.tx.us									
		Kendra Rodriguez: krodrigue1@ci.laredo.tx.us								



CITY OF LAREDO



VENDOR PAYMENT REMIT TO INFORMATION REQUEST FORM

Vendor Information	Vendor Information											
VENDOR NAME: (AS IDENTIFIED BY THE INTERNAL REVENUE SERVICE)												
PAYMENT ADDRESS INFORMAT	CITY	STATE	ZIP CODE									
PHONE:	FAX:	AX:		-MAIL ADDRESS:								
The State of the State Control	and the state of t	and more	a nine passe parties and section of	and the second of the second o	and the second of the second							
SELECT APPROPRIATE TITLE												
☐ SOLE PROPRIETORSHIP				☐ CORPORATION	PROFESSIONAL							
SOCIAL SECURITY NUMBER:	FEDERAL EMPLO	YER'S IDENTIFIC	ATION #									
I CERTIFY THAT THE ABOVE INFORMATION AND FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS AND AGREE TO FAITHFULLY ABIDE BY THE PURCHASING LAWS AND RULES OF THE STATE OF TEXAS NOW IN EFFECT AND ANY SUBSEQUENT REVISIONS THEREOF.												
NAME OF PERSON AUTHORIZED		TITLE:										
SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION:				DATE:								
SEND OR RETURN COMPLETED	RESPECTIVE PURCHASING REPRESENTATIVE:											
CITY OF LAREDO – PURCHASING DIVISION			Miguel A. Pescador, Purchasing Agent: mpescador@ci.laredo.tx.us									
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