



City of Davenport

Gateway to the Ridge

1 South Allapaha Ave • Davenport, FL 33837 • (863) 419-3300 • Fax (863) 419-3302

NEW VENDOR APPLICATION FORM

Vendor Name: _____

DBA/1099 Name: _____

Federal Tax ID: _____

State ID: _____

Payment Terms: Upon Receipt Net 10 Net 15 Net 30 Net 60

Physical Address: _____

City, State, Zip: _____

Remit to Address: _____

City, State, Zip: _____

Contact Name: _____

Office Number: _____

Fax Number: _____

E-mail Address: _____

Please send this completed form along with a signed copy of your Form W-9 and a copy of your Certificate of Liability Insurance via mail, fax, or email accountspayable@mydavenport.org.

Thank you,

Finance Department