CITY OF WESLACO
PURCHASING DEPARTMENT
VENDOR APPLICATION

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**
E-Mail Address:	
Representative(s) Names(s) & Titles(s)	
Type of Organization (check one):	**___Individual ___Partnership ___Corporation ___Non-Profit** **___Sole Proprietor ___Other, Specify**
Type of Business (check one):	**___ Manufacturer ___Wholesaler ___Retailer** **___Distributor ___Service Organization ___Other, Specify**
<u>Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts</u>:	
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 Weslaco: Rec'd by (Purchasing):_____Date Rec'd by (Purchasing):

The City requires that you furnish a certificate of insurance as required by Texas Labor Code 406.096, prior to commencement of any work/service. Coverage must be as follows (minimum amounts):

Worker's Compensation	Statutory
Comprehensive General Liability	$ 1,000,000
Bodily Injury Property Damage (Per Occurrence)	$ 1,000,000

Please return this form by fax or mail to:

City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone: (956) 447-2240
Fax: (956) 969-8452