Appendix G

CITY OF ST. AUGUSTINE

VENDOR APPLICATION

NAME OF COMPANY: _____

MAILING ADDRESS: _____

_____

_____

PHYSICAL ADDRESS: _____

_____

_____

TYPE OF SUPPLIES: _____

_____

_____

CONTACT PERSON: _____
TELEPHONE: ( ) _____
FAX: ( ) _____
CELL PHONE: ( ) _____
E-MAIL ADDRESS: _____

BY: _____

DATE: _____

PLEASE RETURN TO:

CITY OF ST. AUGUSTINE
PURCHASING DIVISION
P. O. BOX 210
ST. AUGUSTINE, FLORIDA 32085-0210

OR

FAX: (904) 825-1051