



VENDOR REGISTRATION FORM

TYPE OF APPLICANT: NEW CURRENT VENDOR

Legal Contractual Name of Corporation: _____

Website: _____

Goods/Services Provided: Please choose the appropriate vendor class code(s) (see list available on City website)

Code: _____ Code: _____ Code: _____ Code: _____ Code: _____

Contact Person: _____

Title: _____ E-Mail Address: _____

Corporate Mailing Address: _____

City, State and Zip Code: _____

Phone: _____ Fax: _____

Is your business: (check one)

- NON-PROFIT FOR PROFIT

Is your business: (check one)

- CORPORATION LIMITED LIABILITY PARTNERSHIP
- INDIVIDUAL SOLE PROPRIETORSHIP
- PARTNERSHIP UNINCORPORATED ASSOCIATION

Email completed form to Jennifer Stickman, Procurement Services Manager at jstickman@madera.gov.

You also have the option of mailing or faxing the completed form using the information below.

Purchasing Division • 205 West 4th Street, Madera, CA 93637
P. 559.661.5463 • F.559.675.7067
madera.gov/purchasing