



VENDOR APPLICATION FORM

City of Lufkin Texas
Purchasing
300 E. Shepherd Street
P O Box 190
Lufkin, Texas 75902

Phone – 936.630.0555 FAX – 936.633.0408

I hereby submit to Purchasing, City of Lufkin, and the following request for my or my company's name to be placed on the Official City of Lufkin Vendor /Bid List.

The following goods and/or services can be supplied under this request:

Vendor Name:

(Must be Exactly As Shown on Social Security Card or
Federal Employer Identification)

(If Applicable) DBA:

(Doing Business As)

Address (To Which Purchase
Orders Should Be Mailed
City, State & Zip Code:

Telephone Number:

FAX Number:

Remittance Address: (If
Different From Above)
City, State & Zip Code

Email Address:

I, the undersigned, do hereby certify that the above information is true and correct as to the best of my knowledge.

Signature

Date