CITY OF WESLACO
PURCHASING OFFICE
VENDOR APPLICATION
(SUBMIT WITH CURRENT W9 FORM)

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**
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:	
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 mail or email:	City of Weslaco Purchasing Office 255 S. Kansas Avenue Weslaco, Texas 78596 Phone: (956) 447-2240 hrhodes@weslacotx.gov