



**City of Annapolis**  
**Central Purchasing Department**  
 161 Duke of Gloucester Street, 1st Floor  
 Annapolis, MD 21401

FOR CITY USE ONLY
VENDOR # _____

[Bids@annapolis.gov](mailto:Bids@annapolis.gov) • 410-263-7944 • Fax 410-263-8120 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Vendor Application

**Vendor information** (please print or type)

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Remit to address \_\_\_\_\_

Remit Contact \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

DUNS # \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Federal ID or SSN \_\_\_\_\_ Website (url) \_\_\_\_\_

- Does any employee of the City of Annapolis have a financial interest, solely or partially in this company?  
 Yes      No      If yes, state nature of interest held: \_\_\_\_\_
- Type of services or commodity \_\_\_\_\_
- Business ownership:
 

Non-minority	Publicly-held	Minority firm - <i>please check below.</i>
African American	American Indian	Asian
Hispanic	Non-profit	Woman-owned
- Accounts Receivable preferences:
 

Purchase Order:	Print/Mail	FAX number _____	Email _____
Payment Method:	Credit Card	Check	EFT    If EFT, provide details below.
Bank _____	Routing number _____		
Account number _____	Type	Checking	Savings
E-mail notification _____			

**Certification**

I certify that the information shown on this application is correct and that the City of Annapolis will be advised immediately of any changes affecting this data.

Printed name \_\_\_\_\_ Title of Authorized Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Minority Business Enterprise Certification**

I certify that \_\_\_\_\_ (company name) is a bona fide minority or woman-owned business, and that at least 51% of the above named business is owned by minority group members; or in case of a publicly owned business, at least 51% of the stock is owned by minority group members.

Is your company registered as a certified minority business enterprise?      Yes      No

Where? \_\_\_\_\_

Printed name \_\_\_\_\_ Title of Authorized Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_