VENDOR REGISTRATION

City of El Mirage
Procurement Office
12145 N.W. Grand Avenue, Suite 5
El Mirage, Arizona 85335
Phone: (623) 876-2958

CITY OF EL MIRAGE 12145 N.W. GRAND AVENUE, SUITE 5 EL MIRAGE ARIZONA 85335 Telephone: 623-972-8116 FAX: 623-972-8110	(For City Use Only) VENDOR No.:_____ Registration Date: _____ Federal 1099 Necessary: YES? NO?

*Vendors are instructed to fill-in the following information completely. Failure to provide any of this information will result in the vendor **NOT** being properly registered to receive City business opportunity notices. All fields are mandatory, unless noted with a " *".*

Company Name or dba:	Vendor Mailing Address:
Vendor Principal Name:	(P.O. Box or Street Address)
Vendor Contact Name:	(City, State, Zip Code)
Position/Title:	Vendor Address:
Vendor Telephone Number:	Street Address of Business Location)
Vendor Facsimile Number:	(Suite or Office Number)
*Vendor E-Mail Address:	(City, State, Zip Code)
Vendor Federal Identification Number: (May be the Social Security Number of Sole Proprietor)	Current City of El Mirage Business License No. Business License Number Date Issued

Briefly describe your Business Products or Services which you or your business provides:

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