

## **Vendor Application**

Mail To:

City of Maryville Purchasing Department 414 W Broadway Ave. Maryville, TN 37801-4710		Telephone: Fax: E-mail:	(865) 273-3455 (865) 681-5562 dhmorton@maryvill	e-tn.gov
Name/Address of Firm:				
	Telephone: Fax: E-Mail: Web Address			
Are you a tax-exempt corporation? Yes	No			
Exemption Number:				
Is your company a small business as defined by the U.S	. Small Busine	ss Administratio	on? Yes	No
Are you incorporated? Yes No	If yes, are y	ou publicly trad	ed? Yes	No
Identify company classification:   American Indian or Alaska Native Initial   Asian Initial   Black or African American W   Is your business classified as a Disadvantaged Business   Names of Officers:   President:   Vice-president:	hite	o or Other Pacific	Islander	
Person to contact concerning bids:				
Please indicate the types of products/services that you p	provide:			

List other cities that you	have sold to in	Tennessee:
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## Certification:

I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by the City of Maryville to bid on furnished materials, supplies, or services for the City or any agency thereof.

Signature:		
Title:		
Date:		

Please return this form by fax to 865-681-5562 or by email to dhmorton@maryville-tn.gov