

VENDOR'S APPLICATION

(PLEASE PRINT OR TYPE)

NAME OF VENDOR: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PARISH: _____

(AREA CODE)

PHONE NUMBER: _____

(AREA CODE)

FAX NUMBER: _____

E-MAIL ADDRESS: _____

FEDERAL IDENTIFICATION NUMBER: _____

NATURE OF YOUR BUSINESS: _____

NUMBER OF YEARS IN BUSINESS: _____

PLEASE CHECK ONE:

CORPORATION:

INDIVIDUAL:

PARTNERSHIP:

OTHER:?

APPROXIMATE INVENTORY NORMALLY STOCKED: _____

NUMBER OF EMPLOYEES: _____

SIZE OF WAREHOUSE(S) OR SHIPPING LOCATIONS:

LOCATION:

SQUARE FEET:

1. _____

2. _____

*****PREFERENCE WILL BE GIVEN TO STOCKING VENDORS*****

PLEASE PRINT SIGNER'S NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

PLEASE RETURN COMPLETED FORM TO:

JEFFERSON PARISH PURCHASING DEPARTMENT
200 DERBIGNY STREET/SUITE 4400
GRETNA, LA 70053
(504) 364-2678
(504) 364-2693 or (504) 364-3735
Purchasing@jeffparish.net

