



**CITY OF TRUTH OR CONSEQUENCES
PURCHASING OFFICE**

505 Sims Street, 87901
Phone: (575) 894-6673 Fax: (575) 894-0363

Vendor Application

BUSINESS NAME: _____

Mailing Address:

Billing Address:

Street / PO Box

Street / PO Box

City State Zip

City State Zip

Phone Fax

Phone Fax

Contact Person

Contact Person

Email Address: _____

Website Address: _____

Employer's Identification Number or Social Security Number: *If you are concerned about this, please call (575) 894-6673 Ext. 112.*

Are you Incorporated: (yes or no) _____ , If so, what state? _____

Certification; I hereby certify that all statements made in this application are true and complete to the best of my knowledge and I understand that misrepresentation of material facts will cause forfeiture of my rights to bid with the City Purchasing Office.

Authorizing Person

Official Title

Date

Note: Vendor's must submit a completed Form W-9 with Vendor Application.