

Vendor Application

City of Burton

Vendor Information

Business Name: _____

Business DBA: _____

Business Address: _____

Contact Name/Title: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Business Website URL: _____

Email to Send Purchase Order: _____

Remit To/Payment Information: (if different than above)

Remit to Name: _____

Remit to Address: _____

Remit to Phone: _____ Remit to Fax: _____

Remit to Email: _____

Business Information

Business Description: _____

Number of Years in Business: _____ Do you accept purchase orders? _____

Products and Services Provided: _____

Do you offer any volume discounts? _____ If yes, please describe: _____

Do you offer any discounts for early payment? _____

If yes, please describe: _____

Is the owner(s) or any employee of your business related to any employee or appointed/elected official of the City of Burton or does any other known conflict of interest exist? _____ If yes, please explain: _____

Has your business ever been on the government watch list? _____

If yes, please explain: _____

References

Business Name

Contact Name

Contact Phone

<u>Business Name</u>	<u>Contact Name</u>	<u>Contact Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The City of Burton uses a Purchase Order system for all purchases. Once an order has gone through the approval process, the Purchase Order will be emailed to the email address listed above.

Please provide a completed form W-9 with this application.

In completing and signing this Vendor Application you acknowledge that all information provided is accurate.

Signature: _____ Date: _____

Name: _____ Title: _____

Please return by email to: t.gareau@burtonmi.gov

Or mail to: City of Burton, Attn: Taylor Gareau, 4303 S. Center Rd, Burton, MI 48519