



City of Annapolis
Central Services Department
 161 Duke of Gloucester St, 1st Floor
 Annapolis, MD 21401-2535

FOR CITY USE ONLY
VENDOR # _____

CentServ@annapolis.gov • 410-263-7944 • Fax 410-263-8120 • TDD use MD Relay or 711 • www.annapolis.gov

Vendor Application

Vendor information (please print or type)

Vendor's name _____

Address _____

City _____ ST _____ Zip _____

Remit to address _____

City _____ ST _____ Zip _____

Telephone no. _____ FAX _____

Contact person _____ E-mail _____

Federal ID or SSN _____ Website (url) _____

1. Does any employee of the City of Annapolis have a financial interest, solely or partially in this company?
 Yes _____ No _____ If yes, state nature of interest held. _____

2. Type of services or commodity _____

3. Business ownership Caucasian Publicly-held Minority firm - please check below.
 African American American Indian Asian Disabled Veteran
 Hispanic Non-profit/Handicapped Woman-Owned

4. Correspondence preferences:

Type	Print	FAX	E-mail	Check	EFT
Purchase Order	_____	_____	_____	_____	_____
Invoice	_____	_____	_____	_____	_____
Payment	_____	_____	_____	_____	_____

If Electronic Fund Transfer is selected, provide: Bank _____

Routing number _____ Account number _____

Type _____ E-mail notification _____

Certification

I certify that the information shown on this application is correct and that the City of Annapolis will be advised immediately of any changes affecting this data.

Printed name _____ Title of Authorized Official _____

Signature _____ Date _____

Minority Business Enterprise Certification

I certify that _____ (company name) is a bona fide minority or woman-owned business, and that at least 51% of the above named business is owned by minority group members; or in case of a publicly owned business, at least 51% of the stock is owned by minority group members.

Is your company a governmentally certified minority business enterprise? Yes No

Printed name _____ Title of Authorized Official _____

Signature _____ Date _____