



**Purchasing Services**  
 445 Challenger Road, Suite 301  
 Cape Canaveral, FL 32920  
 Phone: (321) 783-7831  
 Fax: (321) 868-2184  
 Email: cpa.purchasing@portcanaveral.com

**VENDOR APPLICATION**

- INSTRUCTIONS:**
- 1 After completion of this form, please return to the Canaveral Port Authority via standard mail, fax, or email.
  - 2 A W-9 must be submitted with this application
  - 3 Submission of this vendor application indicates that the vendor has read and agrees with Canaveral Port Authority's terms and conditions.
  - 4 **PROOF OF INSURANCE MUST ACCOMPANY ALL VENDOR APPLICATIONS AS REQUIRED UNDER THE GUIDELINES FOR INSURANCE COVERAGE REQUIREMENTS AND COVERAGE LIMITS.**

**GENERAL INFORMATION**

COMPANY NAME		WEBSITE ADDRESS	
DUN & BRADSTREET NUMBER (DBN)		TAX PAYER ID # OR SOCIAL SECURITY #	
DESCRIBE BRIEFLY THE GOODS / SERVICES THAT YOUR COMPANY PROVIDES			
ARE YOU A SERVICE PROVIDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHERE WOULD YOUR SERVICES BE PROVIDED? (check all that apply) <input type="checkbox"/> On Port Property <input type="checkbox"/> Off Port Property <input type="checkbox"/> Deliveries Only		APPROXIMATE ANNUAL SALES
GENERAL CONTRACTOR AND/OR SPECIALTY LICENSE NUMBER(S) *** MUST BE LICENSED IN FLORIDA***			BOND LIMITS

**PURCHASING INFORMATION**

ADDRESS (where you would like PO(s) sent)		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	MOBILE NUMBER		
EMAIL ADDRESS		WEBSITE ADDRESS		
CONTACT NAME	TITLE	BEST METHOD TO COMMUNICATE (check all that apply) <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Email		
FREIGHT ON BOARD (FOB) POINT	DELIVERY / SHIPPING CHARGES <input type="checkbox"/> Yes <input type="checkbox"/> No	ELECTRONIC ORDERING / INVOICING CAPABILITIES <input type="checkbox"/> Yes <input type="checkbox"/> No		

**REMIT TO INFORMATION (COMPLETE ONLY IF DIFFERENT FROM ABOVE)**

COMPANY REMIT TO NAME (if DBA, name of company to which check(s) should be payable)

REMIT TO ADDRESS (where you would like check(s) sent)		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	MOBILE NUMBER		
EMAIL ADDRESS		CONTACT NAME		

**VENDOR DISCLOSURE**

If any of the officers or principals of your company are employees of the Canaveral Port Authority and/or related to an employee or elected official of the Canaveral Port Authority in any capacity, please list their name(s) below.

**\*\*\*KNOWINGLY WITHHOLDING THIS INFORMATION MAY RESULT IN VENDOR DISQUALIFICATION\*\*\***

NAME	RELATIONSHIP	NAME	RELATIONSHIP

**\*\*\* FOR CANAVERAL PORT AUTHORITY USE ONLY \*\*\***

RECEIVED BY	DATE	PROCESSED BY	DATE
APPROVED BY RISK MANAGER	DATE	NOTES	