



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

VENDOR APPLICATION

INSTRUCTIONS:

After completion of this form, please return to the Canaveral Port Authority via email at cpa.purchasing@portcanaveral.com or by regular mail

A W-9 must be submitted with this application

Submission of this vendor application indicates that the vendor has read and agrees with Canaveral Port Authority's terms and conditions

PROOF OF INSURANCE MUST ACCOMPANY ALL VENDOR APPLICATIONS AS REQUIRED UNDER THE GUIDELINES FOR INSURANCE COVERAGE REQUIREMENTS AND COVERAGE LIMITS

****PLEASE FILL IN ALL INFORMATION ON FORM. MISSING INFORMATION MAY RESULT IN A DELAY IN PROCESSING APPLICATION****

GENERAL INFORMATION

COMPANY NAME:		WEBSITE ADDRESS:	
PLEASE SELECT YOUR BUSINESS TYPE FROM THE FOLLOWING (all that apply):			
<input type="checkbox"/> SERVICE PROVIDER	<input type="checkbox"/> SUPPLIER/DISTRIBUTOR	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> ADVERTISING/MEDIA <input type="checkbox"/> GOV'T AGENCY/NON-PROFIT
IF YOU ARE A SERVICE PROVIDER, WOULD SERVICES BE PROVIDED ON PORT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE A SUPPLIER OR MANUFACTURER, WOULD YOU BE MAKING DELIVERIES ON PORT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE IN DETAIL THE GOODS AND/OR SERVICES YOUR COMPANY PROVIDES:			
IF YOU ARE WORKING ON A SPECIFIC PORT PROJECT, PLEASE LIST THE NAME & BID # OF THE PROJECT BELOW:			

PHYSICAL ADDRESS

ADDRESS:		CITY:	STATE:	ZIP:
OFFICE PHONE:	CELL PHONE:	FAX:	BEST METHOD TO COMMUNICATE: <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL	
CONTACT NAME:		TITLE:	EMAIL WHERE YOU WOULD LIKE PO'S SENT:	

REMIT TO ADDRESS (MAILING ADDRESS WHERE YOU WOULD LIKE PAYMENT SENT)

ADDRESS:		CITY:	STATE:	ZIP:
OFFICE PHONE:	CELL PHONE:	FAX:	PREFERRED METHOD OF COMMUNICATION: <input type="checkbox"/> OFFICE PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> EMAIL	
CONTACT NAME:		TITLE:	CONTACT EMAIL	

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
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FOR CANAVERAL PORT AUTHORITY USE ONLY

RECEIVED BY	DATE	PROCESSED BY	DATE
APPROVED BY	DATE	NOTES:	