



# City of Mission Viejo

200 Civic Center  
Mission Viejo, CA 92691  
Phone (949) 470-3059

[purchasing@cityofmissionviejo.org](mailto:purchasing@cityofmissionviejo.org)

## Vendor Approval Application

**Please type or print in black ink.** All vendor information must be complete and application must be signed. A signed Form W-9 must accompany this application.

**Name of City Employee requesting this information:** \_\_\_\_\_

### Business Information:

\*Company Name \_\_\_\_\_

\*Address \_\_\_\_\_ \*Suite \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Contact Name/Title \_\_\_\_\_ Email \_\_\_\_\_

\*Phone (        ) \_\_\_\_\_ \*Website \_\_\_\_\_

Accts Receivable Contact Name \_\_\_\_\_ E-Mail \_\_\_\_\_

\*Remit Address \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Accts Receivable Phone \_\_\_\_\_

Where is your DBA registered? \_\_\_\_\_

Year Established \_\_\_\_\_ Incorporated: Year \_\_\_\_\_ State \_\_\_\_\_

Product or Services provided \_\_\_\_\_

### Standard Terms:

Net 30                       2% 10 Net 30                       Other \_\_\_\_\_

### Current California License or Certifications(s) *(Examples: Contractor, Instructors, Health Dept, Architectural, Sports/Fitness, etc.):*

Type \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_

DIR Registration *(if applicable)* \_\_\_\_\_ Number \_\_\_\_\_

### Company Ownership:

Sole Proprietorship     Partnership     Corporation     Other  *(please indicate)* \_\_\_\_\_

\*Information is subject to disclosure under the Public Record Act

**Principal Ownership or Corporate Officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**References:**

*Please list three companies with whom you are currently doing business*

**Company Name** \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Company Name** \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Company Name** \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certification:**

Under penalty of perjury, I certify that all information provided on this application is true and correct.

Signature of Company Officer \_\_\_\_\_ Title \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_