

## VENDOR APPLICATION

Vendors seeking to do business with the city must complete this form along with a W-9 and a Conflict of Interest Questionnaire and return each to the Purchasing Department. You will be assigned a vendor number which allows invoices to be processed and paid. Please notify the City's Purchasing Department of any changes to contact or banking information.

**Fax to: 512-528-2829 or E-mail to: [purchasing@leandertx.gov](mailto:purchasing@leandertx.gov)**

**Vendor Name and Mailing Address**


**Remittance Address (if different)**


**Contact Name:**

**Telephone:**

**Fax:**

**E-mail:**

**Company Name Shown On Invoices**

**Type of Organization:**  
 Individual  
 Partnership  
 Non-Profit  
 Corporation

**HUB Designation:**  
 Firm IS a HUB  
 Firm is NOT a HUB

The City of Leander actively notifies HUB vendors of quote or bid opportunities per the State of Texas Local Government Code Sec. 252.0215.

**If HUB, please provide CMBL Vendor ID#:**

## EFT PAYMENT INFORMATION

Electronic Fund Transfer (EFT) allows the City to transfer payment directly into a vendor's bank account. This information is required for the processing of invoices.

**Name of Bank:**

**Name on Account:**

**Bank Account #:**

**ABA # (Bank Routing #):**

**Account Type:**

Checking - Commercial       Savings - Commercial  
 Checking - Personal       Savings - Personal

**E-mail Notification of Payment:**

## CO-OP PARTICIPATION

Please indicate which, if any co-op organizations your firm maintains an active contract.

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

By signing, you certify that you are an authorized agent for applicant and the information supplied herein is correct. Failure to complete or falsify information may be cause for disqualification of vendor or interrupt payment of invoices.

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**