



PROCUREMENT
205 N. Marion Ave.
Lake City, FL 32055
(386) 719-5816 or (386) 719-5818
procurement@lcfla.com

Vendor/Service Provider Application

Company/Individual Name _____

Service/Product Provided _____

Contact Person _____

W/M/DBE Certification # (if applicable) _____

Federal ID # _____

OR

Is 1099 required? YES NO

Social Security # _____

Remittance Address _____
(Please include – City, State and Zip Code)

Physical Address _____
(Please include – City, State and Zip Code)

Telephone () _____ Fax () _____

E-Mail Address _____

Signature _____ Date _____

Printed Name _____

****All Service Providers must attach a copy of a Certificate of Insurance for General Liability, Vehicles and Workers Compensation****

CLC – Staff Use Only	Commodity Code _____
Requested By: _____	Dept. _____ Date _____
Procurement Approval _____	Date _____
Insurance Needed ____ Yes ____ No	Vendor Number _____