

CITY OF LYNDEN
Finance Department
VENDOR LIST APPLICATION

COMPANY NAME: _____

Owner/Contact Person: _____
(Please print)

Address/Mailing Address	City	State	Zip
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Telephone Number: _____ - _____ FAX: _____ - _____

Email Address: _____ Web Address: _____

Federal Tax ID Number _____ How many years in business _____

Are you incorporated? Y _____ N _____

Equipment/Materials/Supplies (check all that apply):

- General office supplies and printing Street/Roadways supplies and equipment
- Public safety supplies and equipment Vehicles
- Computers, copy machines, and/or other office furniture/equipment
- Water meters, pipes, fittings and other water/sewer related equipment and supplies
- General facility supplies Other – please specify _____

List three (3) credit references (give/name/address/phone for each):

1. _____
2. _____
3. _____

List cities/municipalities you supply equipment, materials or supplies to:

1. _____
2. _____
3. _____

VENDOR:

Please add my name to the **City of Lynden Vendor List.**

Please print name

Title

Signature

Date

Return completed application to:
City of Lynden, Finance Department
PO Box 650
300 4th Street
Lynden, WA 98264

Questions: Call Finance Department
Phone: 360-354-2829
Email: bierlinkb@lyndenwa.org