

CITY OF LYNDEN  
Finance Department  
**VENDOR LIST APPLICATION**

**COMPANY NAME:** \_\_\_\_\_

Owner/Contact Person: \_\_\_\_\_  
(Please print)

Address/Mailing Address

City

State

Zip

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
- Public safety supplies and equipment
- Computers, copy machines, and/or other office furniture/equipment
- Water meters, pipes, fittings and other water/sewer related equipment and supplies
- General facility supplies
- Street/Roadways supplies and equipment
- Vehicles & vehicle supplies/parts
- 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 4<sup>th</sup> Street  
Lynden, WA 98264

Questions: Call Finance Department  
Phone: 360-354-2829  
Email: [handyl@lyndenwa.org](mailto:handyl@lyndenwa.org)