

EMERALD COAST UTILITIES AUTHORITY

VENDOR APPLICATION

Fax or Mail to:

EMERALD COAST UTILITIES AUTHORITY

Purchasing & Stores Division

P.O. Box 15311

Pensacola, FL 32514-0311

Telephone No.: (850) 969-3350

Fax Number: (850) 494-7229

[Email: sknoblock@ecua.org](mailto:sknoblock@ecua.org)

APPLICANT'S/COMPANY INFORMATION

NAME: _____

Address (For bids/quotes/orders)

Address (For mailing payments)

Street: _____

Street: _____

P.O. Box: _____

P.O. Box: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Contact Name: _____

Contact/Name: _____

Telephone: _____

Telephone: _____

Fax Number: _____

Fax Number: _____

Email address: _____

Email address: _____

How long in Present Business: _____

Number of Persons employed: _____

Type of Organization: _____
(please place x) _____

Sole Proprietorship
Corporation _____ Partnership
Other

Occupational License Number: _____

Federal I.D. or Social Security#: _____

Florida State License Number: _____

TYPE OF BUSINESS (please place x):
_____ Jobber _____ Retailer
_____ Service (define)
_____ Wholesaler/Distributor

_____ Manufacturer/Producer
_____ Manufacturer's Agent
_____ Contractor (define)
_____ Other (define)

Check (place x) if your business is at least 51% Minority/Female owned

_____ Black _____ Hispanic _____ Asian/Pacific American
_____ Asian/Indian American _____ Other
_____ American Indian/Eskimo/Aleuts/Native Hawaiian _____ Female

Check (place x) if Small Business Enterprise:

(Less than 100 employees and net worth of less than \$3 million dollars.)

****Identify Supplies, Equipment or Services on attached commodities list**

Completed By: _____ Title: _____ Date: _____

Purchasing Only: Date Received: _____ Vendor Number: _____