

CITY OF CLARKSVILLE, TEXAS
VENDOR REGISTRATION FORM

Please type or print

Vendor's name (as shown
on our income tax return):

Business (DBA) name, if
different from above:

Vendor's phone number:

Vendor's fax number:

Vendor's E-mail address:

Contact Name:

Contact's address:

Contact's E-mail address

Contact's phone numbers:

Work 1: _____
Phone 2: _____
Home: _____
Mobile: _____

Remittance address:

Standard payment terms:

Purchase order address (if
different from remittance
address):

Standard freight terms:

Paid by Vendor Paid of City Shared Cost:
 No Shipping Fees Other: _____

Preparer's signature/date:

Printed name: title:

CITY OF CLARKSVILLE USE ONLY:
2019-09 Effective

Vendor set: _____ Vendor no: _____ Entered by: _____