



City of Ocala
Procurement and Contracting Department
110 SE Watula Avenue, 3rd Floor
Ocala, FL 34471
email: vendors@ocalafl.org

Vendor Information Form
Please complete the form in its entirety.

Business Name and Location:

Legal Name _____

Business Name (DBA) _____

Address _____

City _____ State _____ Zip _____

Taxpayer ID Number (EIN)* _____ **Self proprietor: write N/A, we will call you to request your social security number.*

E-mail Address for Purchase Orders: _____

Type of Business/Services Performed: _____

Accounts Receivable/Payment Address Information:

A/R Payment Address: _____ Phone: _____

City: _____ Email: _____

State: _____ Fax: _____

Zip: _____ Website: _____

Contact Name: _____

Local Address (if different from above): _____

City: _____ State: _____ Zip: _____

Submit completed form to: vendors@ocalafl.org

