CITY OF SEALY, TEXAS
VENDOR REGISTRATION FORM
Please type or print.

Vendor's name (as shown on your income tax return):	
Business (DBA) name, if different from above:	
Vendor's phone number:	
Vendor's fax number:	
Vendor's E-mail address:	
Contact's 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 by City ☐ Shared cost ☐ No shipping fees Other:
Preparer's signature/date:	
Printed name/title:	

CITY OF SEALY USE ONLY: Vendor set:____ Vendor no.: _____ Entered by: _____

Updated 8/5/2010