



# CITY OF BAYTOWN

Purchasing  
2123 Market Street  
Baytown, Texas 77521

(281) 420-6527  
Fax: (281) 837-7002  
Email: [purchasing@baytown.org](mailto:purchasing@baytown.org)

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## VENDOR APPLICATION FORM Purchasing Department

I hereby submit to the Purchasing Department of the City of Baytown, the following request for my company's name to be placed on the City of Baytown Purchasing Department Vendor/Bid List. *Please complete the following information.*

**COMPANY NAME:** \_\_\_\_\_  
(Must be exactly as shown on Federal Employer's Identification)

**FEDERAL TAX ID NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**COMPANY WEBSITE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_

**TYPE OF BUSINESS/PRODUCTS/SERVICES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_