



**CITY OF TRUTH OR CONSEQUENCES  
PURCHASING OFFICE**

505 Sims Street, 87901

Phone: (575) 894-6673 Fax: (575) 894-0363

**Vendor Application**

**BUSINESS NAME:** \_\_\_\_\_

**Mailing Address:**

**Billing Address:**

\_\_\_\_\_  
Street / PO Box

\_\_\_\_\_  
Street / PO Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person

**Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Employer's Identification Number or Social Security Number:** *If you are concerned about this, please call (575) 894-6673 Ext. 112.*

\_\_\_\_\_

Are you Incorporated: (yes or no) \_\_\_\_\_, If so, what state? \_\_\_\_\_

**Certification;** I hereby certify that all statements made in this application are true and complete to the best of my knowledge and I understand that misrepresentation of material facts will cause forfeiture of my rights to bid with the City Purchasing Office.

\_\_\_\_\_  
Authorizing Person

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date

**Note: Vendor's must submit a completed Form W-9 with Vendor Application.**