CITY OF FULLERTON
SUPPLIER REGISTRATION FORM

RETURN THIS FORM & YOUR BUSINESS CARD TO:

CITY OF FULLERTON, PURCHASING DIVISION
303 W. Commonwealth Ave., Fullerton CA 92832
(714) 738-6533 Fax (714) 738-3168

DATE:_____

NAME AND MAILING ADDRESS FOR BID DOCUMENTS AND PURCHASE ORDERS	
SUPPLIER NAME:	
ADDRESS:	
CITY: STATE: ZIP CODE:	
CONTACT NAME:	TITLE:
PHONE #:	FAX #:
EMAIL ADDRESS:	
CITY OF FULLERTON BUSINESS LICENSE #:	FEDERAL TAX ID #:

PRIMARY PRODUCT OF SERVICES YOU PROVIDE

OTHER PUBLIC AGENCIES WITH WHOM YOU DO BUSINESS		
AGENCY NAME	CONTACT	TELEPHONE #

CIVIL EMERGENCY SUPPLIER	
Is your company interested in becoming an established resource to the City during a civil emergency situation? Yes ___ No ___	
After-Hours Contact Name - 1	After-Hours Phone # - 1
After-Hours Contact Name – 2	After-Hours Phone # - 2