CITY OF ORANGE

SUPPLIER REGISTRATION FORM

RETURN TO: CITY OF ORANGE, PURCHASING DIVISION, 300 E CHAPMAN AVE, ORANGE, CA 92866 TEL: (714) 744-2277, FAX: (714) 744-2275

DATE:

NAME AND MAILING ADDRESS FOR BID DOCUMENTS AND PURCHASE ORDERS	
NAME OF SUPPLIER:	
ADDRESS:	
CITY:	
STATE:	ZIP:
CONTACT NAME:	
TELEPHONE NUMBER:	FAX NUMBER:
E-MAIL:	
CITY OF ORANGE LICENSE #:	FEDERAL TAX ID #:

PRODUCT OR SERVICES

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

CIVIL EMERGENCY SUPPLIER
Is your company interested in becoming an established resource to the City during a civil emergency situation? Yes ☐ No ☐
NAME OF AFTER HOURS CONTACT:
TELEPHONE NUMBER OF CONTACT: