Vendor Registration
City of Dania Beach
Purchasing Division

100 W Dania Beach BLVD
Dania Beach, FL 33004
954-924-6800 x3674
954-922-5619 FAX

Name of Business: _____

(If individual, enter last name, first name)

Full Mailing Address: Street or P.O. Box _____

City, State and Zipcode _____

Address of main business office. _____

Location of principal factory or warehouse. _____

Contact to whom bid requests are to be mailed. _____

(Enter none if no one person should be named)

Telephone Number _____

Toll Free Number _____

Fax Number _____

E-Mail Address _____

Federal Employer's ID Number _____

Social Security Number, if individual _____

If you currently hold any Florida State contracts, list contract numbers and expiration dates.

_____

_____

_____

_____

Principal line of business: _____

How long in present business: _____

Bidder's comments _____

_____

_____

The undersigned hereby certifies that the above and foregoing information is a full, true and correct statement of the facts.

_____ _____
Authorized Signature Title

_____ _____
Print Name Date