

City of Moreno Valley, CA Vendor Application

Let's do business together..! We want to know who you are and what you sell. Please fill out this application and submit to us by fax, e-mail or the U.S. Postal Service.

Business Information

Company Name	Website				
Mailing Address					
City	State	Zip			
Phone #	Fax#				
Fed ID # or Taxpayer #					
City of Moreno Valley Business License #					
Rep. Name	Phone #				
Title	Fax #				
E-Mail	Cell#				
Type of Business (e.g. Mfg/Dist/Dealer/Whol	esaler/Prof. Se	ervice)			
Do you accept Visa®as a payment method?		(check one)	☐ YES	or	□ NO
Offer Co-op and/or Piggyback opportunities f	from other gov	ernment agencies?			
What do you sell?					
Additional Info					
List Green Standards (EcoLogo, Green Seal, EPEAT, Greenguard, etc.)					
Note: References or a Company Profile may be requiand provide documentation of licenses, insurances, an information may be requested. This vendor application or service from you. Vendors selected to do business Vendors who provide "Public work" projects over \$1,0 will be required to pay and certify prevailing wages as	d sign a City Ago n is for information s with the city with the construction	reement prior to commen onal purposes only and is ill be contacted to quote , alteration, demolition or	cement of works not a promise on products or	c. Add to purc service	itional business hases a product es that you sell
(OPTIONAL) I agree to be a resource for the City of Emergency Purchase Order in a declared emergency of not use the situation to increase the price of the goods	or disaster. I unde				
24/7 Emergency Contact Phone Num	ber:				

Submit by one of the following methods:

- E-Mail To: purchasingf kkkqp@moval.org
- Fax To: 951-488-0112
- Send To: City of Moreno Valley, P.O. Box 88005, Moreno Valley, CA 92552