



NEW VENDOR WORKSHEET

Please complete and return by fax 772-600-0134 or email purchasing@ci.stuart.fl.us.

<u>Name of Firm</u>	<u>Type of Organization</u> Corporation Sole Proprietor Government Agency Partnership Individual Other:
<u>Address of Firm</u>	
<u>Name of Owner</u>	<u>Fax/Email</u>
<u>Phone</u>	<u>FIEN</u>
<u>Certified by Office of Supplier Diversity (OSD)</u> Yes No	<u>Type of Certification</u> MBE MWBE SBA SDB DVBE Other:
<u>Describe the Services and/or product offered including NIGP commodity codes</u>	