CITY OF LAKE ELSINORE
DREAM EXTREME

City of Lake Elsinore
Attn: Finance Department
130 South Main Street
Lake Elsinore, CA 92530
(951) 674-3124

VENDOR APPLICATION

OFFICE USE ONLY

VENDOR NUMBER _____

INPUT DATE_____

DBA (Business Name):	Phone:
Corporation Name (if applicable):	**E-mail**
Individual Name (if sole proprietor): First _____ MI _____ Last _____	Taxpayer ID # or Social Security #

Business Address:	Remittance Address (if different) :
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Principal Contact for Firm:	Title	Phone:

Type of Entity:

☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Tax Exempt/Non-profit ☐ Government or Trust

Is business licensed to do business in the City of Lake Elsinore? ☐ Yes ☐ No

City of Lake Elsinore Business License is required if conducting business within the City of Lake Elsinore (LEMC 5.08.)

City Business License # _____ Expiration Date: _____

Check all that apply:

☐ Goods only ☐ Goods and Services ☐ Rents/Leases paid to you as agent

☐ Legal Services ☐ Medical Services ☐ Other: _____

Brief description of type of supplies and/or services offered (required):

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

_____ _____ _____

Signature *Title* *Date*

1. **Terms: The City of Lake Elsinore is Net 45 days.**
2. **The City of Lake Elsinore is not tax exempt.**
3. **Purchase order required for $2,000.00 or more.**
4. **W-9 form must be completed to be accepted.**