



Vendor Application

Derleda Abrom
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☎ 205-221-2100 | 📠 205-221-8522

Vendor Name: _____

Federal Tax ID# or Social Security Number: _____

Physical Address: _____

Mailing Address (if different): _____

Contact person: _____

Phone #: _____ Email: _____ Fax#: _____

Website: _____

Type of Goods or Services: _____

Signature: _____

Print Name: _____

Date: _____