

Willacy County Navigation District Vendor Registration Form

Please complete this form to give the District your contact information for use during an RFP process or to open or update a vendor account

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| Date: | Name of Person Providing Information: |
| If you are currently participating in an RFP process for the District, please indicate the RFP title: | |
| If you are interested in receiving a notice when an RFP is available, please indicate your areas of interest: | |
| <input type="checkbox"/> Construction Contracts | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Property/Liability Insurance | <input type="checkbox"/> Bank Depository |
| <input type="checkbox"/> Group Insurance | Other: |
| <input type="checkbox"/> Salvage Offerings | |
| <input type="checkbox"/> Uniform Service | |

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| Vendor Name | Web Site |
| Contact Person: | Fax Number: |
| Phone Number: | Email Address: |
| Mailing Address: | Physical Address: |

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| Form of Business <i>(Individual/Sole Proprietor/Partnership/Corporation/Other)</i> | Taxpayer Identification Number: |
|---|---------------------------------|

Please return this form by fax to (956) 689-6165 or by email to
<mailto:rmills@portofportmansfield.com?subject=Vendor Application Form>

Signature of Person Providing Information

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| This vendor is not a Listed Company as per: *Section 2252 of the Texas Government Code *Federal Debarred List - SAM.gov | _____ Signature of Purchasing Auditor |
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