Vendor Information Form

Company's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:**_____

Telephone Number: _____ **Fax Number:**_____

Email: _____ **Website Address:**_____

Fed. I. D. or Social Security No: _____

Contact Person: _____

Bid Address: _____
(if different from mailing address)
City: _____ **State:** _____ **Zip Code:**_____

Telephone number: _____ **Fax Number:**_____

Contact Person: _____

Remittance Address: _____

City: _____ **State:** _____ **Zip Code:**_____

Telephone number: _____ **Fax Number:**_____

Contact Person: _____

Length of time that company has been in business: _____

Type of Business: _____

Products offered: _____
_____
_____

Please put me on the bid list for: _____
_____
_____