

BIDDER'S LIST APPLICATION

(All Information Must Be Placed on Bidder's List)

	DATE OF APPLICATION
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FIRM'S NAME	HOW LONG AT PRESENT ADDRESS
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ADDRESS TO WHICH BIDDING FORMS ARE TO BE MAILED (STREET, CITY, STATE, ZIP CODE, PHONE)	HOW LONG AT PRESENT BUSINESS
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TYPE OF ORGANIZATION: (Check One) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	IF INCORPORATED INDICATE: STATE _____ PUBLICLY HELD _____ (Yes or No)
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PRINCIPAL OWNER(S): (State Percentage of Ownership)			
<input type="checkbox"/> WHITE	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> MALE
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> FEMALE	PHYSICALLY HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO
			PERCENTAGE OF OWNERSHIP _____ %

TYPE OF BUSINESS OR SERVICE:	
<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> RETAILER <input type="checkbox"/> DISTRIBUTER <input type="checkbox"/> LESSOR <input type="checkbox"/> WHOLESALE <input type="checkbox"/> REPAIR <input type="checkbox"/> JOBBER <input type="checkbox"/> CONSULTANT	<input type="checkbox"/> OTHER (SPECIFY _____ _____ _____

NAMES OF OFFICERS, MEMBERS, OR OWNERS OF CONCERN PARTNERSHIP, ETC.	
(A) PRESIDENT	(B) VICE PRESIDENT
(C) SECRETARY	(D) TREASURER
(E) OWNERS OR PARTNERS	

NUMBER OF YEARS IN BUSINESS AT PRESENT ADDRESS	ANNUAL SALES	NET WORTH OF BUSINESS	NORMAL INVENTORY VALUE	APPROX. SIZE OF FACILITIES (SQ. FT.)
IF LESS THAN FIVE YEARS, PREVIOUS ADDRESS				

DO YOU QUALIFY AS A SMALL BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU QUALIFY AS A MINORITY BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU QUALIFY AS A WOMAN-OWNED BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU QUALIFY AS A DISABLED VETERAN OWNED BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	(NOTE: Your business status is to be determined pursuant to current Federal Procurement Regulations, or Defense Acquisition Regulation. Pertaining to minority business enterprises.)
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CUSTOMERS YOU HAVE SUPPLIED:	
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:

DESCRIBE/LIST THE PRODUCTS SERVICES YOUR FIRM REGULARLY STOCKS, OR SERVICES, AND INDICATE WARRANTIES AND WARRANTY SERVICES PROVIDED:

BRIEFLY DESCRIBE YOUR CAPABILITIES FOR PRODUCTS SERVICES AND MAINTENANCE:

DO YOU ACCEPT COLLECT CALLS	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE NUMBER _____
DO YOU MAINTAIN A TOLL-FREE NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE NUMBER _____
DO YOU HAVE A FAX NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE NUMBER _____

BANK REFERENCES – NAME

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

BANK OFFICER