

VENDOR APPLICATION FORM

To be placed on the current bidder's list, please fill out as much as possible and return to: kmarazzi@caribe.net.

Company Legal Name (as registered with the Secretary of State):

Doing Business As: _____

Mailing Address _____

City, State, Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____ Email _____

Social Security # / Federal Tax ID# _____

Type of Organization: Corporation Non-Profit Corporation Partnership Sole proprietorship Limited Liability Co. Public Individual Other: _____

The following information is voluntary and assists the company in achieving its goal of providing vendors with equal access to contracting opportunities. Please check the following categories (if any) that applies to your business.

- 1. Small Business Enterprise
2. Woman-Owned Business: Black/African American Hispanic Asian or Pacific Islander American Indian or Alaskan Native White/Caucasian
3. Minority-Owned Business: Black/African American Hispanic Asian or Pacific Islander American Indian or Alaskan Native White/Caucasian

In order to place your firm on the correct bid list or bid lists, please describe below as accurately as possible the products & services your company sells.

Product(s)/Service(s) offered: _____

List of names of those with authority to sign contracts:

Table with 3 columns: Name, Title, Telephone

Authorized Signature: _____

Printed name and title: _____ Date: _____