CITY OF FLINT
DEPARTMENT OF PURCHASES AND SUPPLIES

VENDOR BID LIST APPLICATION

FINANCE USE ONLY
VENDOR NO.
DATE ENTERED
DATE OF APPLICATION

☐ REVISION

☐ INITIAL APPLICATION

_____
NAME OF FIRM

_____
STREET ADDRESS OF WHICH BIDDING FORMS AND PURCHASE ORDERS ARE TO BE MAILED — FEDERAL I.D. NO. OR SOC.NO. (IF SOC.SEC.NO.,PRECEDE WITH "S")

_____
CITY STATE ZIP PHONE FAX HOW LONG IN PRESENT ADDRESS

TYPE OF ORGANIZATION (CHECK ONE)

_____ Individual _____ Partnership _____ Corp.

NAMES OF OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP,ETC.:

(A) President_____

(B) Vice President_____

(C) Secretary_____

(D) Treasurer_____

(E) Owners or Partners_____ Dunn & Bradstreet Rating (if available)

PERSONS OF CONCERN AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (if agent, so specify)

Name Official Capacity

_____

PERSONS OF CONTACT ON MATTERS CONCERNING BIDS AND CONTACTS (if agent, so specify)

_____

Name Official Capacity Telephone

PLEASE LIST ON THE REVERSE SIDE

CLASSES OF EQUIPMENT, SUPPLIES, MATERIAL AND/OR SERVICES YOU WISH TO BID

CATEGORY (check below the category which applies to the applicant.)

____ (A) Manufacturer ____ (C) Retailer ____ (E) Distributor

____ (B) Wholesaler ____ (D)Mfg.'s Agent ____ (F) Service Establishment

TOTAL NUMBER OF PERSONS EMPLOYED: FLOOR SPACE (Square Feet)

NEW WORTH_____ _____

Date Amount Manufacturing Warehouse

LOCATED IN FLINT CITY LIMITS?
ON FILE?

____ Yes ____ No

____Handicapped Owned/Operated

____WBE Women Business Enterprise

____MBE Minority Business Enterprise

____African American

____Indian American

____Pacific/Asian American

____Hispanic American

Return application to: CITY OF FLINT, DEPARTMENT OF PURCHASES AND SUPPLIES

1101 S. SAGINAW STREET FLINT, MICHIGAN 48502

PHONE:(810)766-7340

FAX: (810)766-7240

_____

AUTHORIZED APPLICANT SIGNATURE TITLE DATE

CLASS NUMBER DESCRIPTION