

BID LIST APPLICATION

PURCHASING & STORES DIVISION
635 1st St., 2nd Floor, Santa Rosa, CA 95404
PHONE: 707-543-3700



**THIS FORM CANNOT BE SUBMITTED ONLINE. IT REQUIRES A SIGNATURE.
PLEASE FILL IN ALL OF THE INFORMATION -- YOU MAY TYPE IT HERE AND THEN PRINT, OR YOU CAN PRINT
OUT A BLANK COPY AND USE A TYPEWRITER OR HANDWRITE (IN INK).**

SIGN AND SEND TO THE ABOVE ADDRESS OR FAX NUMBER

**IF YOU HAVE QUESTIONS, PLEASE VISIT OUR WEBSITE AT:
Which page should we direct them to? The link on the old form doesn't work.
OR CALL PURCHASING AT 707-543-3700**

BUSINESS INFORMATION

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE () _____ **FAX** () _____

EMAIL _____

WEBSITE _____

CONTACT PERSON _____

DIRECT PHONE # () _____

2nd CONTACT _____

DIRECT PHONE # () _____

TYPE OF BUSINESS (Please check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> BROKERAGE | <input type="checkbox"/> AGENT/DEALERSHIP |
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> SERVICE | <input type="checkbox"/> CONSULTING |
| <input type="checkbox"/> DISTRIBUTION | <input type="checkbox"/> CONSTRUCTION CONTRACTING | |
| <input type="checkbox"/> OTHER (Briefly Describe) _____ | | |

PLEASE LIST THE PRODUCTS AND/OR SERVICES YOUR FIRM WISHES TO SUPPLY TO THE CITY:

CERTIFICATION OF TRUTH OF INFORMATION:
Under penalty of perjury, I certify that all of the information provided in this form is true and correct.

SIGNATURE OF COMPANY OFFICER

TITLE

PRINT NAME

DATE