

**VENDOR BID LIST
REGISTRATION FORM**



Purchasing & Contracting

213A HDL Center
Athens, OH 45701
Tel: 740-593-1960
Fax: 740-593-2144

Name of Company: _____

Today's Date: _____

Address, main business office: _____

Phone: _____

Federal Tax Identification No.: _____

website address: _____

Length of time in business: _____

Type of business: _____ Manufacturer

Retailer

Distributor

Minimum order requirement ? _____ NO
_____ YES

_____ \$ amount

Do you require prepayment? _____ NO
_____ YES

Check all that apply:

_____ My firm is certified as a small business.

_____ My firm is certified as a minority business.

_____ My firm is certified as a disadvantaged business.

Contact name: _____

Phone: _____

Fax: _____

Title: _____

Email: _____

Address to which bids
should be mailed

Goods or services your firm is interested in supplying to the University*: _____

References: _____

Signature

Title

***YOU MAY SEND COPIES OF YOUR CATALOG OR ADVERTISING FLYERS WITH YOUR RESPONSE**

--Mail or fax your response to the Purchasing & Contracting Office (see information in top right corner)--