

CITY OF YAKIMA & YAKIMA COUNTY BIDDER'S MAILING LIST APPLICATION

Complete all spaces. Insert "NA" in blocks not applicable. Type or print all entries.

Date:	This application for: City County Both
1. Company Name and Address:	2. Address: (To which bid/quote solicitations are to be mailed if different than item #1.)
Phone No.	Cell Phone No.
Fax No.	Website
E-mail Address	

NAMES OF OFFICERS, OWNERS, OR PARTNERS

3. President:	4. Vice President:	
5. Owners or Partners:	6. How long in present business:	
7. Contractors License #	UBI #	
8. Please indicate if your company qualifies as a Women, Minority (Disadvantaged) Owned or Controlled Business Enterprise: Yes No Certification #		
9. Persons authorized to sign bids, offers, and contracts for the company:		
(Name)	(Official Capacity)	(Phone No.)
10. List your primary equipment, supplies, materials, and/or services on which you desire to bid:		
_____	_____	_____
_____	_____	_____

CERTIFICATION

I certify that information supplied herein (including any pages attached) is correct.

(Signature)

THIS SPACE FOR USE BY CITY OF YAKIMA

Commodity Code/s for product and/or services: _____ _____ _____	Comments:
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Return to: City of Yakima/Yakima County
Purchasing Division
129 North 2nd Street
Yakima WA 98901
Phone: (509)575-6093
Fax: (509)576-6394

