



Bid List Application

Chris D. Blice, Chief Auxiliary Services Officer
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BIDDERS MUST COMPLETE ALL ITEMS

DATE: _____

1. Applicant's Name and Mailing Address for Bidding Forms and Purchase Orders	2. Remit Address for Payments (if different from Item 1.)
Telephone # Fax #	Federal ID # OR Social Security #
3. Type of Organization	4. How long in present business?
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation	<input type="checkbox"/> Non-minority owned <input type="checkbox"/> Certified woman owned <input type="checkbox"/> Certified minority owned
5. Person(s) to contact on bids or quotes	
Name (include official capacity)	Telephone Number
6. Type of Business	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Factory Rep. <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Construction	<input type="checkbox"/> Retail Dealer <input type="checkbox"/> Utility Work <input type="checkbox"/> Limited Contractor <input type="checkbox"/> Unlimited Contractor
7. List the supplies, materials, or services provided below	

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT

 PRINT OR TYPE NAME & TITLE

 SIGNATURE