SAGINAW VALLEY STATE UNIVERSITY

BIDDER'S APPLICATION

PURCHASING OFFICE
7400 Bay Road
University Center, MI 48710

Note: Vendor's failure to respond to two consecutive bids may result in the removal of the vendor's name from the SVSU active bid list.

Vendor Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

Address to which bid form is to be mailed:

_____
_____
_____
_____

Years in present business: _____ Number of FT employees: _____

Category: ☐ Manufacturer ☐ Jobber ☐ Distrubutor
☐ Retail ☐ Service ☐ Printing
☐ Other _____

Types of bids you are qualified to receive: _____
_____

Person(s) authorized to sign bid form, and their titles:
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

References: Three Customers and One Bank
1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

Are you an Equal Opportunity/Affirmative Action Employer? _____
Are you certified by the Michigan Minority Purchasing Council as a minority vendor? _____

I certify that the above information is true and correct to the best of my knowledge.

_____
Signature Title Date