



PURCHASING OFFICE
South Campus Complex A
7400 Bay Road
University Center, MI 48710
(989) 964-4101
Fax: (989) 790-1280

BIDDER'S APPLICATION

Vendor Name: _____ Date: _____

Address: _____

Phone Number(s): _____ Fax: _____

E-mail Address: _____ Web site: _____

Address to which bid form is to be mailed (if different from above): _____

Federal Tax ID #: _____

Years in present business: _____ Number of full-time employees: _____

Category: Manufacturer Jobber Distributor Retail
 Service Printer Other _____

Types of bids you are qualified to receive (commodities): _____

Person(s), including titles, authorized to sign bid form:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

References: Three customers and one bank (names and phone numbers)

1. _____

2. _____

3. _____

4. _____

Are you an Equal Opportunity/Affirmative Action employer? Yes No

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

Signature _____ Title _____ Date _____

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.