

CITY OF VACAVILLE BID LIST APPLICATION



Today's Date _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____
 E-Mail _____

Sole Proprietor	Federal Tax ID # or	State Contractor's	City of Vacaville
Partnership	Social Security #	License #	Business License #
Corporation	_____	_____	_____

* If sole proprietor or partnership, provide name as it appears on tax returns.

Principals	Principals Title	Years of Experience
_____	_____	_____
_____	_____	_____

Type of Business (Check all that apply)

Manufacturing	Brokerage
Retail	Service
Distribution	Consulting
Agent/Dealership	Other (Please Specify) _____

List products or services your firm wishes to supply to the City (Attach line card, if appropriate):

Contact person for Bids/Request For Proposal (RFP)

Name _____
 Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail _____

RETURN COMPLETED FORM TO: City of Vacaville/Attn: Purchasing
 650 Merchant Street
 Vacaville CA 95688

OR FAX to: 707/449-5147

SIGNATURE _____	TITLE _____
PRINT NAME _____	DATE _____