

PURCHASING DEPARTMENT
CITY OF DECATUR
P O BOX 488, DECATUR, AL 35602
FAX (256) 341-4529
www.digitaldecatour.com/agencies/purchasing.htm

VENDOR/BIDDER LIST APPLICATION

DATE _____

INSTRUCTIONS: PLEASE PROVIDE ALL INFORMATION REQUESTED. YOU MAY ATTACH ANY BROCHURES THAT BEST DESCRIBE YOUR PRODUCT OR SERVICE. USE SECOND PAGE TO LIST COMMODITY CODES THAT APPLY TO YOUR PRODUCT OR SERVICE PLEASE PRINT OR TYPE

NAME OF FIRM OR APPLICANT IF INDIVIDUAL			DATE OF APPLICATION		
GENERAL ADDRESS			P O BOX / ZIP		
CITY	ST	ZIP	FED. ID NO. OR SOCIAL SECURITY NO.		
()	()				
PHONE NUMBER		FAX NUMBER	IF INCORPORATED, INDICATE IN WHICH STATE		

PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (IF AGENT, SO SPECIFY)

NAME	OFFICIAL CAPACITY
NAME	OFFICIAL CAPACITY

ORGANIZATION TYPE

CORPORATION INCORPORATED STATE GOVERNMENT ENTITY ASSOCIATION INDIVIDUAL

PARTNERSHIP OTHER (SPECIFY) _____

ARE YOU LICENSED BY THE CITY OF DECATUR? YES NO

ARE YOU CERTIFIED BY THE STATE OF ALABAMA? YES NO

CATEGORY (CHECK BELOW THE CATEGORY WHICH APPLIES TO THE APPLICANT)

MANUFACTURER RETAILER WHOLESALE SERVICE CONSTRUCTION CONSULTING

OTHER

PERSON MAKING APPLICATION (SUBMITTING THIS FORM) _____ DATE _____

I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT ANT THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER, SO FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY PUBLIC AGENCY FROM BIDDING FOR FURNISHING MATERIALS, SUPPLIES OR SERVICES TO ANY AGENCY THEREOF.

SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION _____ DATE OF SIGNING _____

NAME AND TITLE OF PERSON SIGNING (PLEASE TYPE OR PRINT) _____ PHONE NUMBER _____

PURCHASING DEPARTMENT USE ONLY

CODING FOR GOODS OR SERVICES TO BE PROVIDED BY YOUR FIRM:

Select from the Commodity Code Directory those goods or services for which your firm wishes to receive Invitations to Bid and Requests for Quotation. Enter the corresponding codes in the space provided below. Attach an extra sheet if needed.

NOTE: It is important that you evaluate all codes and select only those which most accurately describe the goods or services your firm provides.

CODE CODE CODE CODE CODE

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____