

Vendors List Enrollment Application

Company Name: _____

Contact Name: _____

Mailing Address: _____

City, State & Zip: _____

Email / Website Address: _____

Telephone Number: _____ Fax #: _____

Business License # _____ (Fed. I.D.#) _____

Check boxes that describe types of materials, supplies and equipment your business sells:

Materials

- Building Materials
- Anti – Icing Material
- De-Icing Material
- Pavement Maintenance Material
- Goertextile Material
- Rock / Crushed Surfacing Products
- Culvert Materials
- Guardrail Materials
- Traffic Control Materials (Barricades, signage, cones, etc.)
- Other (specify) _____

Supplies

- Office Supplies
- Cleaning Supplies
- Automotive Supplies
- Landscaping Supplies
- Building Supplies
- Computer Supplies (software, etc)
- Safety Supplies
- Other (specify) _____

Equipment

- Rental Equipment
- Computer Equipment (computers, plotters, printers, etc.)
- Shop Equipment (welder, drill press, hoist, etc.)
- Road Maintenance Equipment (paint sprayer, ATV, bobcat, etc)
- Building Maintenance Equipment (lawnmower, snow blower, etc.)
- Vehicles
- Trailers
- Other (specify) _____

By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Printed Name & Title

Signature

Date