

CITY OF YAKIMA BIDDER'S MAILING LIST APPLICATION
Complete all spaces. Insert "NA" in blocks not applicable. Type or print all entries.

Date:	<input type="checkbox"/> Initial Application <input type="checkbox"/> Revision
1. Company Name and Address:	2. Address: (To which bid/quote solicitations are to be mailed if different than item #1.)
Phone No.	Phone No.
Fax No.	Cell Phone No.
E-mail/Website	

NAMES OF OFFICERS, OWNERS, OR PARTNERS

3. President:	4. Vice President:	
5. Owners or Partners:	6. How long in present business:	
7. Contractors License #	UBI #	
8. Please indicate if your company qualifies as a Women, Minority (Disadvantaged) Owned or Controlled Business Enterprise: <input type="checkbox"/> Yes <input type="checkbox"/> No Certification #		
9. Persons authorized to sign bids, offers, and contracts for the company:		
(Name)	(Official Capacity)	(Phone No.)

10. List your primary equipment, supplies, materials, and/or services on which you desire to bid:

CERTIFICATION

I certify that information supplied herein (including any pages attached) is correct.

(Signature) (Type or Print)

THIS SPACE FOR USE BY CITY OF YAKIMA

Commodity Code/s for product and/or services:	Comments:
_____	_____
_____	_____
_____	_____

Return to: **City of Yakima**
Purchasing Division
129 North 2nd Street
Yakima WA 98901
Phone: (509)575-6093
Fax: (509)576-6394

