

COLLETON COUNTY
BIDDERS MAIL LIST APPLICATION
(Please Type or Print)

1. BUSINESS MAILING ADDRESS: (All Bids, Purchase Orders, Correspondence)

Business Name _____
Street, P.O.Box _____
City _____ State _____ Zip code _____
Phone # (_____) _____ Fax # (_____) _____
E-Mail _____

2. TYPE OF BUSINESS: (Check Below)

Manufacturer or Producer Franchise Distributor Wholesaler
 Retailer Factory Representative

3. TYPE OF ORGANIZATION:

Corporation Company Partnership Sole Proprietor
 Minority Owned Business

Federal Identification Number or Social Security Number: _____
1099 Form **YES** or **NO** (Please Circle One)

4. LENGTH OF TIME AT PRESENT BUSINESS: (Number of Years) _____

5. NAMES OF PRINCIPALS: (Authorized to Sign Bids)

President: _____ Vice-President: _____
Secretary: _____ Treasurer: _____
Other: _____

6. LIST GOODS OR SERVICES YOU CAN FURNISH:

I certify that the foregoing information is full, true and correct statement of the facts.

Signature of Person Authorized to Sign Application: _____

Title: _____ **Date:** _____