

**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:** \_\_\_\_\_