Please Print or Type

VENDOR APPLICATION

TEHAMA COUNTY PURCHASING DEPARTMENT

NAME OF COMPANY: _____

STREET ADDRESS: _____

CITY, STATE/ZIP: _____

PHONE NO: ( ) _____ **FAX NO:** ( ) _____

MAILING ADDRESS: _____

CITY, STATE/ZIP: _____

INDIVIDUAL/SOLE PROPRIETOR ☐ **CORPORATION** ☐ **PARTNERSHIP** ☐
(Please Check One)

COMPANY TAX ID NO: _____

SOCIAL SECURITY NO: _____

CONTRACTORS LICENSE NO: _____

CONTINUOUS YEARS IN BUSINESS: _____

SUBSIDIARY OF: _____

KEY CONTACTS /EMPLOYEES:

NAME: _____ **TITLE:** _____ **PHONE #** _____

NAME: _____ **TITLE:** _____ **PHONE #** _____

PERSONNEL: NUMBER OF FULL TIME EMPLOYEES _____

GOVERNMENT SERVICE AGENCIES (GSA) CONTRACTS HONORED YES ( ) NO ( )

IDENTIFY EQUIPMENT, SUPPLIES/SERVICES YOU WISH TO SUPPLY THE COUNTY:
(Please be specific)

TYPE OF SERVICE YOU WISH TO PROVIDE:

_____

SUPPLIES:

ITEMS _____ **BRAND NAME** _____

PLANT WAREHOUSE LOCATION _____

AUTHORIZED DEALER ( ) YES ( ) NO

REFERENCES: (Customers)

NAME:_____ **PHONE ( )**_____ **CONTACT**_____

NAME:_____ **PHONE ( )**_____ **CONTACT**_____

NAME:_____ **PHONE ( )**_____ **CONTACT**_____

NOTE: For placement on the Tehama County Vendor List, all information must be entered on this form and returned to the Purchasing Department.

FORM COMPLETED BY:_____ **TITLE:** _____
(Signature)

_____ **PHONE NO: ( )**_____
(Please Print Name)

E-MAIL _____

WEB ADDRESS_____

NAME OF COMPANY_____ **DATE**_____

PLEASE SIGN AND RETURN TO:

TEHAMA COUNTY PURCHASING DEPARTMENT
727 OAK STREET
RED BLUFF, CA 96080
(530) 527-3365 FAX (530) 527-3764
dschmidt@tehama.gov