VENDOR APPLICATION

TEHAMA COUNTY PURCHASING DEPARTMENT

NAME OF COMPANY:			
STREET ADDRESS:			<u> </u>
CITY, STATE/ZIP:			
PHONE NO: (
MAILING ADDRESS:			
CITY, STATE/ZIP:			
INDIVIDUAL/SOLE PROP		PORATION PART	
COMPANY TAX ID NO:_			
SOCIAL SECURITY NO:			
CONTRACTORS LICENSI	E NO:		
CONTINUOUS YEARS IN	BUSINESS:		
SUBSIDIARY OF:			
KEY CONTACTS /EMPLO	YEES:		
NAME:	TITLE:	PHONE #	
NAME:	TITLE:	PHONE #	
PERSONNEL: NUMBER	OF FULL TIME EMPLO	OYEES	
GOVERNMENT SERVICE			

1 Vendor App 12/12

IDENTIFY EQUIPMENT, SUPPLIES/SERVICES YOU WISH TO SUPPLY THE COUNTY: (Please be specific) TYPE OF SERVICE YOU WISH TO PROVIDE: **SUPPLIES:** ITEMS BRAND NAME 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_____

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

Vendor App 12/12