

County of Bernalillo



VENDOR'S APPLICATION OF REGISTRATION

Vendor Details & Contact Information: Date _____

(W9 IRS Form is required and attached).

Vendor Name: _____
(As shown on your income tax return)

Doing Business As: _____
(If different from above)

Federal Tax ID Number (if applicable); _____

Social Security Number (if applicable): _____

Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ Ext: _____ Fax #: (____) _____
E-mail address: _____

Remit Address (if different than above): _____
City: _____ State: _____ Zip: _____
Remit Phone #(____) _____ Ext: _____ Fax #: (____) _____
Remit E-mail address: _____

Ordering Address (if different than above): _____
City: _____ State: _____ Zip: _____
Ordering Phone # (____) _____ Ext: _____ Fax #: (____) _____
Ordering E-mail address: _____

Principal Line of Business _____
Number of Years In Business _____

Type Of Organization (Check One)
Individual _____ Partnership _____ Corporation _____ Other Legal Entity _____ Minority Owned _____ Exempt Payee _____

If Incorporated, When and Which State? Date _____ State _____

Applicate Is: (check all that apply)
Manufacturer _____ Authorized Dealer _____ Minority Business _____ Retail Dealer _____ Factory Representative _____
Contractor _____ Professional Services _____

Are Products Or Goods Offered By Applicant Manufactured In New Mexico? Yes _____ No _____

List Those Goods Or Services, Which You Or Your Company Can Provide To The County Of Bernalillo.
(See attached Commodity Code Listing) If More Space Is Required for Additional Commodity Codes- Use the Bottom
Of The Form.

- 1. _____ 6. _____ 11. _____ 16. _____ 21. _____ 26. _____
2. _____ 7. _____ 12. _____ 17. _____ 22. _____ 27. _____
3. _____ 8. _____ 13. _____ 18. _____ 23. _____ 28. _____
4. _____ 9. _____ 14. _____ 19. _____ 24. _____ 29. _____
5. _____ 10. _____ 15. _____ 20. _____ 25. _____ 30. _____

Please Specify how you would like to receive Purchase Orders from Bernalillo County:

(Check one of the below)

Email _____ Fax _____ US Postal Mailing Services _____

To access to your profile online and download Bids/Proposals please create a login and password in the space provided below.

Login: _____

Password: _____

QUESTIONS ON THE FORM? CALL (505) 468-7013

TO BE COMPLETED BY PURCHASING TEAM ONLY

VENDOR APPROVED FOR MASTER FILE:

Printed Name _____ Title _____

Signature _____ Date _____