

WHITEHALL TOWNSHIP

LENORE BRAZIER

Company Name: _____

Headquarters Address: _____

Phone #: _____ Fax #: _____ Website: _____

Specific Class of Material/Services you seek to furnish (attach line card if available)

Local Representative: _____ Cell Phone: _____

Local Address: _____

Phone #: _____ Fax #: _____ Email: _____

Address and/or email which Bids/Proposals should be addressed:

Type of Organization: ___ *Individual* ___ *Partnership* ___ *Corporation* ___ How many yrs. in business? _____

Federal ID #: _____ or Social Security #: _____

Number of employees? _____ Dollar Value of annual Sales \$ _____

Printed name of person signing this form: _____

Title: _____ Signature: _____

Date: _____ Email: _____

Is your company an approved vendor on any government cooperative purchasing contracts? (Such as PA State, Co-stars, US Communities? If so state, the contract and Contract #:

Return form to: lbrazier@whitehalltownship.com