CITY OF WESTLAND

Purchasing Department

36300 Warren Road • Westland, Michigan 48185 • Phone (734) 467-7920 • Fax (734) 422-1218

William R. Wild
Mayor

BIDDER / VENDOR INFORMATION APPLICATION

Type of Application:

New Application _____	Name/Address Change _____	Other: _____

Applicant's Name, Address and Phone:

Name:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )
Email Address:	

Applicant's Bill To Name, Address and Phone if Different from Above:

Name:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )

Persons Authorized to Sign Bids, Offers and Contracts:

Name:	
Title:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )

Type of Organization:

Individual	Non-Profit	Partnership
Corporation	Other: _____	

Federal/State I.D. Number:

Commodities and/or Services Offered:

Item or Service Offered	Description of Item or Service

References:

Business Name:	
Contact Name and Title:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )

Business Name:	
Contact Name and Title:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )

Business Name:	
Contact Name and Title:	
Address:	
City, State, Zip:	
Phone Number: ( )	Fax Number: ( )

Bidders and/or Vendors are required to complete above requested information and hereby certify that the information supplied herein is correct.

Signature and Title of Applicant	Date
Printed Name and Title of Applicant	

Please use the space below to list any other comments or necessary information about your company: