

CITY OF INGLEWOOD, Purchasing Division

Vendor/Bidder Application Form

Mail Completed Form to:
City of Inglewood
Purchasing Division
One Manchester Boulevard
Inglewood, CA 90301-1750
Telephone (310) 412-5266
FAX (310) 330-5766

(TYPE OR PRINT ALL INFORMATION)

- Checkboxes for New Vendor/Bidder Application, Name and/or Address Change, Update or Add Items

COMPANY NAME, SALES ADDRESS, CITY/STATE/ZIP, REMIT TO ADDRESS, CITY/STATE/ZIP, CONTACT PERSON, TELEPHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS

BUSINESS OWNED BY AN INGLEWOOD RESIDENT? YES NO

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER

CITY OF INGLEWOOD BUSINESS LICENSE NUMBER (MAYBE REQUIRED, IF PURCHASE ORDER IS ISSUED)

EXPIRATION DATE NO. OF YEARS IN BUSINESS

CITY'S ACCOUNT NUMBER WITH YOUR COMPANY, IF ANY

COMPANY'S WEBSITE, IF ANY

TYPE OF ORGANIZATION Individual Partnership Corporation

\*Note: For an "Individual" the "Tax ID No." should be a Social Security Number

GENERAL CONTRACTOR CLASS LICENSE NO.

PLEASE CHECK ALL THAT APPLY:

- Checkboxes for DEALER, MANUFACTURER, FACTORY REPRESENTATIVE, JOBBER, RETAILER, MINORITY BUSINESS ENTERPRISES, SMALL BUSINESS ENTERPRISES, WOMEN BUSINESS ENTERPRISES, OTHER (EXPLAIN BELOW)

Empty text box for commodity code/description

SELECT THE APPROPRIATE COMMODITY CODE/DESCRIPTION THAT BEST DESCRIBES THE GOODS AND SERVICES PROVIDED BY YOUR COMPANY FROM THE COMMODITY LISTING (pdf).

NOTE:

COMPANY'S ARE REQUIRED TO PROVIDE THE CITY OF INGLEWOOD WITH UPDATED INFORMATION, IF CHANGES OCCUR. FAILURE TO RESPOND FOR BIDS AFTER THREE MONTHS WILL RESULT IN REMOVAL OF YOUR COMPANY FROM THE CITY OF INGLEWOOD'S BIDDER LISTS.

SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS FORM

DATE

PRINT OR TYPE NAME OF PERSON SIGNING ABOVE

TITLE OF PERSON SIGNING THIS FORM