

CITY OF THOMASVILLE
PURCHASING DEPARTMENT
P. O. BOX 1540
THOMASVILLE, GEORGIA 31799-1540
(229) 227-3256
(229) 227-3243 FAX

VENDOR'S APPLICATION

Please type or print legibly all information requested below. Failure to furnish all information requested shall be just cause for rejection of this application.

The City of Thomasville reserves the right to make necessary investigations deemed advisable prior to adding an applicant to the City's Vendor List, and also to reject any applicant for whatever reason(s) to best serve in the interest of the City of Thomasville.

TYPE OF ORGANIZATION:	DATE OF APPLICATION _____
_____ Manufacturer/Producer	Name & Address of Applicant's Sales Office
_____ Dealer	_____
_____ Service Agency (repairs)	_____
_____ Corporation _____ State Inc.	_____
_____ Individually Owned	PHONE# _____
_____ Other	FAX# _____
FEID # _____	REMIT ADDRESS (If Different)
Name & title of person(s) authorized to Sign Bids, Quotes, and Contracts:	_____
_____	_____
_____	_____
_____	NUMBER OF YEARS IN BUSINESS _____

Please list all major products or services available by your company:
