



Bidder / Vendor Application

Submitted with Bid# _____

Anderson County Purchasing Department
PO Box 8002, Anderson SC 29622

Phone (864) 260-4164 / Fax (864) 260-4613

Company Name: _____
(as registered with IRS)

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: (1) _____ (2) _____

Email Address: _____

Category for Services Offered (Check All that Apply):

- | | | |
|---|---|--|
| Auditing <input type="checkbox"/> | Architecture/Engineering <input type="checkbox"/> | Minor Construction <input type="checkbox"/> |
| Major Construction <input type="checkbox"/> | Consultant/Professional <input type="checkbox"/> | Environmental Remediation <input type="checkbox"/> |
| Equipment <input type="checkbox"/> | Information Technology <input type="checkbox"/> | Maintenance Repair <input type="checkbox"/> |
| Printing <input type="checkbox"/> | Services <input type="checkbox"/> | Supplies <input type="checkbox"/> |
| Medical Supplies <input type="checkbox"/> | Medical Services <input type="checkbox"/> | Other: _____ <input type="checkbox"/> |

Organization Contact Name and Title: _____

Type of Organization: _____
(Individual/Sole Proprietor, Partnership, etc...)

Certification: Under the penalties of perjury, I certify that the information provided in this form is true, correct and complete and that neither the applicant nor any person (or concern) in any connection with the applicant as principal or officer, so far as is known, is not debarred or otherwise declared ineligible from bidding with Anderson County.

Authorized Signature Printed Name Title Date

NOTE: All Answers should be typed or printed. Incomplete application may be rejected.
Submit application along with a W9