BIDDER APPLICATION

CITY OF MERIDIAN
PURCHASING
PO BOX 1430
MERIDIAN MS 39302-1430
PH 601-485-1941 - - FX 601-485-1979

Please type or print legibly all information requested below. The City of Meridian reserves the right to make whatever investigation(s) deemed advisable prior to adding the applicant to the Bidder's List.

Company Name: _____

Contact Name: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Remittance Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Organization: _____ Corporation _____ Partnership _____ LLC _____ Individually Owned

Type of Business: _____ Retail/Wholesale _____ Service

Please list the Equipment, Supplies, Materials and/or Services on which you desire to Bid (or attach a product list):

_____

_____

REFERENCES: Our company has provided product and/or service to the following Cities / Companies:

City or Company Name	Contact Person	Address	Phone/Fax

I submit this application:

_____ Signature _____ Print Name _____ Date

AFTER PLACEMENT ON THE BIDDER LIST, A SUPPLIER'S FAILURE TO RESPOND TO FOUR (4) "INVITATIONS TO BID" MAY RESULT IN HIS/HER NAME BEING REMOVED FROM THE CITY OF MERIDIAN'S BIDDER LIST.