

## **COUNTY OF BERNALILLO**

**PURCHASING** 

## **VENDOR'S APPLICATION OF REGISTRATION**

VENDOR NUMBER (ENTERED BY PURCHASING)	DATE
NAME AND ADDRESS TO WHICH BID REQUESTS ARE TO BE SENT:	NAME AND TITLES OF OFFICERS, MEMBERS OR OWNER OF CONCERN: (Original Signature Required)
TELEPHONE NUMBER: ( )	FAX NUMBER: ( )
EMAIL ADDRESS:	NUMBER OF YEARS IN BUSINESS:
PRINCIPAL LINE OF BUSINESS:	
TYPE OF ORGANIZATION: (CHECK ONE) INDIVIDUAL PARTNERSHIP CORPORATION	OTHER LEGAL ENTITY MINORITY OWNED
IF INCORPORATED, WHEN AND IN WHICH STATE? DATE	E STATE:
APPLICANT IS: (CHECK IF APPLICABLE)  MANUFACTURER AUTHORIZED DEALER MINUFACTORY REPRESENTATIVE CONTRACTOR P	ORITY BUSINESS RETAIL DEALER PROFESSIONAL SERVICES
ARE PRODUCTS OR GOODS OFFERED BY APPLICANT M	ANUFACTURED IN NEW MEXICO? YESNO
LIST THOSE GOODS OR SERVICES, WHICH YOU OR YOU PLEASE USE ONLY TEN COMMODITY CODES. ( SEE ATT	UR COMPANY CAN PROVIDE TO THE COUNTY OF BERNALILLO. FACHED COMMODITY CODE LISTING.)
CLASS NUMBER GROUP NUMBER	CLASS NUMBER GROUP NUMBER
1	6
2	7
3 8	8
4 9	)
	)
TAXPAYER IDENTIFICATION NUMBER (TIN)	
SOCIAL SECURITY #	EMPLOYER IDENTIFICATION #
STATE OF NEW MEXICO CRS NUMBER	
DUNS NUMBER D & B RATING I	DATE D & B RATING D & B APPRAISAL

A VEN	NDOR	FEE OF	\$50.00 I	S REQUI	RED FOR	REGIS	STRATIO	ON. PI	LEASE	SUBMIT	A CHEC	CK OR	MONEY	ORDER	MADE 1	PAYABLE
TO TI	HE CO	UNTY (	OF BERN	ALILLO	<b>PURCHA</b>	SING.	REGIST	RATI	ON IS I	EFFECTI	VE FOR	ONE (	CALEND	AR YEAI	R.	
REGIS	STRA	ΓΙΟΝ W	ITH THE	FEE MU	ST BE RE	NEWE	ED ANNU	ALLY	· .							

For Purchasing use only:	VENDOR FEE ENCLOSED	YES	NO
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