

County of Bernalillo



VENDOR'S APPLICATION OF REGISTRATION

Vendor Details & Contact Information: Date \_\_\_\_\_

(W9 IRS Form is required and attached).

Vendor Name: \_\_\_\_\_
(As shown on your income tax return)

Doing Business As: \_\_\_\_\_
(If different from above)

Federal Tax ID Number (if applicable): \_\_\_\_\_

Social Security Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_
E-mail address: \_\_\_\_\_

Remit Address (if different than above): \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Remit Phone #( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_
Remit E-mail address: \_\_\_\_\_

Ordering Address (if different than above): \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Ordering Phone # ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_
Ordering E-mail address: \_\_\_\_\_

Principal Line of Business \_\_\_\_\_
Number of Years In Business \_\_\_\_\_

Type Of Organization (Check One)
Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other Legal Entity \_\_\_\_\_ Minority Owned \_\_\_\_\_ Exempt Payee \_\_\_\_\_

If Incorporated, When and Which State? Date \_\_\_\_\_ State \_\_\_\_\_

Applicate Is: (check all that apply)
Manufacturer \_\_\_\_\_ Authorized Dealer \_\_\_\_\_ Minority Business \_\_\_\_\_ Retail Dealer \_\_\_\_\_ Factory Representative \_\_\_\_\_
Contractor \_\_\_\_\_ Professional Services \_\_\_\_\_

Are Products Or Goods Offered By Applicant Manufactured In New Mexico? Yes \_\_\_\_\_ No \_\_\_\_\_

List Those Goods Or Services, Which You Or Your Company Can Provide To The County Of Bernalillo.
(See attached Commodity Code Listing) If More Space Is Required for Additional Commodity Codes- Use the Bottom
Of The Form.

- 1. \_\_\_\_\_ 6. \_\_\_\_\_ 11. \_\_\_\_\_ 16. \_\_\_\_\_ 21. \_\_\_\_\_ 26. \_\_\_\_\_
2. \_\_\_\_\_ 7. \_\_\_\_\_ 12. \_\_\_\_\_ 17. \_\_\_\_\_ 22. \_\_\_\_\_ 27. \_\_\_\_\_
3. \_\_\_\_\_ 8. \_\_\_\_\_ 13. \_\_\_\_\_ 18. \_\_\_\_\_ 23. \_\_\_\_\_ 28. \_\_\_\_\_
4. \_\_\_\_\_ 9. \_\_\_\_\_ 14. \_\_\_\_\_ 19. \_\_\_\_\_ 24. \_\_\_\_\_ 29. \_\_\_\_\_
5. \_\_\_\_\_ 10. \_\_\_\_\_ 15. \_\_\_\_\_ 20. \_\_\_\_\_ 25. \_\_\_\_\_ 30. \_\_\_\_\_

**Please Specify how you would like to receive Purchase Orders from Bernalillo County:**

(Check one of the below)

Email \_\_\_\_\_ Fax \_\_\_\_\_ US Postal Mailing Services \_\_\_\_\_

To access to your profile online and download Bids/Proposals please create a login and password in the space provided below.

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**A VENDOR FEE OF \$50.00 IS REQUIRED FOR REGISTRATION. PLEASE SUBMIT A CHECK OR MONEY ORDER MADE PAYABLE TO: BERNALILLO COUNTY PURCHASING DEPARTMENT. REGISTRATION IS EFFECTIVE FROM THE DATE OF PAYMENT.**

**TO BE COMPLETED BY PURCHASING TEAM ONLY**

**VENDOR APPROVED FOR MASTER FILE:**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VENDOR FEE ENCLOSED YES \_\_\_\_\_ NO \_\_\_\_\_

**CHECK METHOD OF PAYMENT**

CASH \_\_\_\_\_

CHECK \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

MONEY ORDER \_\_\_\_\_ MONEY ORDER NUMBER \_\_\_\_\_

**QUESTIONS ON THE FORM? CALL (505) 468-7013**