

NOTICE

Taxpayer Identification Number

You are required to use the precise legal name associated with your taxpayer identification number. If you are a sole proprietorship, you may use either your social security number or your employer identification number, but your own name must be in the title. For example, John Doe d/b/a/ Alabama Janitorial Service. IRS prefers social security number. Failure to use the legal name associated with your taxpayer number may result in the imposition of backup withholding of 31% of each payment.

Foreign Corporations (out-of-state firms)

Alabama law provides that a foreign corporation (out-of-state company/firm) may not transact business in the state until it obtains a certificate of authority from the Secretary of State, Section 10-2B-15.01, **Code of Alabama** 1975. To obtain forms for a certificate of authority, contact the Secretary of State, Corporation Division, (334) 242-5324. By not having this certificate does not keep the vendor from receiving or submitting a bid.

Return Application to:

Division of Purchasing
P.O. Box 302620
Montgomery, AL 36130-2620

Street Address:

Division of Purchasing
RSA Union Bldg., Suite 192
100 North Union Street
Montgomery, AL 36104

04/0198

Application Instructions

Vendor List: Complete the application in its entirety and return to the Division of Purchasing. All entries must be printed in ink (legibly) or typewritten, other than signatures which must be manually signed. Retain a copy of the application and this booklet for your records.

Vendor Number: Enter your Federal Employer Identification Number. If you do not have a Federal Employer ID Number, enter your Social Security Number. One of these numbers is mandatory since it will control your purchasing records.

Business Information: Provide complete company name and addresses, contact persons, phone numbers and E-mail address in appropriate spaces for each address type. If one address entry is sufficient for all your requirements complete the General Address section only.

Business Ownership:

Small - Less than 50 employees or gross receipts less than \$1,000,000.00 per year. Independently owned and operated.

Minority and Women Owned - At least 51% owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of those individuals.

Specific Minority Groups - Black (Negro); Hispanic (Mexican, Puerto Rican, Cuban, Central/South America, other Spanish origin, regardless of race); Asian (including Pacific Islander); American Indian (including Alaskan Native).

Factory Representative or Other Individual: If applicant is applying in own name, documentation must be submitted with application indicating authorization to sign contracts for the company or companies represented.

Application Changes: Changes to be in writing and signed by the individual who signed the application, or other designated individual.

Service Areas: Applicant must register either Statewide or County. To service the entire state, indicate in space provided. To service certain counties, list the county codes from the list provided.

Commodity Selection: Each product/service is assigned a Class/Subclass. Select the codes which most accurately describe the product or service being provided. Do not send brochures or product catalogs with the application. The State is not responsible for codes omitted or incorrectly submitted on your application.

- A. Product Categories: Classes 005-898
- B. Service Categories: Classes 905-990

A Table of Contents by major category is provided for easy reference.

ALABAMA COUNTY GEOGRAPHIC CODE

01	AUTAUGA	24	DALLAS	47	MARION
02	BALDWIN	25	DEKALB	48	MARSHALL
03	BARBOUR	26	ELMORE	49	MOBILE
04	BIBB	27	ESCAMBIA	50	MONROE
05	BLOUNT	28	ETOWAH	51	MONTGOMERY
06	BULLOCK	29	FAYETTE	52	MORGAN
07	BUTLER	30	FRANKLIN	53	PERRY
08	CALHOUN	31	GENEVA	54	PICKENS
09	CHAMBERS	32	GREENE	55	PIKE
10	CHEROKEE	33	HALE	56	RANDOLPH
11	CHILTON	34	HENRY	57	RUSSELL
12	CHOCTAW	35	HOUSTON	58	SAINT CLAIR
13	CLARKE	36	JACKSON	59	SHELBY
14	CLAY	37	JEFFERSON	60	SUMTER
15	CLEBURNE	38	LAMAR	61	TALLADEGA
16	COFFEE	39	LAUDERDALE	62	TALLAPOOSA
17	COLBERT	40	LAWRENCE	63	TUSCALOOSA
18	CONECUH	41	LEE	64	WALKER
19	COOSA	42	LIMESTONE	65	WASHINGTON
20	COVINGTON	43	LOWNDES	66	WILCOX
21	CRENSHAW	44	MACON	67	WINSTON
22	CULLMAN	45	MADISON	68	STATEWIDE
23	DALE	46	MARENGO		

STATE OF ALABAMA

DEPARTMENT OF FINANCE-DIVISION OF PURCHASING

VENDOR APPLICATION

COMPANY NAME _____ INDIVIDUAL NAME _____

FEDERAL TAX NO. _____ SOCIAL SECURITY NO. _____

GENERAL ADDRESS ① _____ SOLICITATION ADDRESS ② _____

CITY _____ STATE _____ ZIP | | | | | | | | | | CITY _____ STATE _____ ZIP | | | | | | | | | |

CONTACT PERSON: _____ POSITION _____ CONTACT PERSON: _____ POSITION _____

PHONE () _____ 800 - _____ PHONE () _____ 800 - _____

FAX () _____ FAX () _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

ORDER ADDRESS _____ PAYEE ADDRESS _____

CITY _____ STATE _____ ZIP | | | | | | | | | | CITY _____ STATE _____ ZIP | | | | | | | | | |

CONTACT PERSON _____ POSITION _____ CONTACT PERSON _____ POSITION _____

PHONE () _____ 800 - _____ PHONE () _____ 800 - _____

FAX () _____ FAX () _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

PERSONS AUTHORIZED TO SIGN BIDS, CONTRACTS AND OTHER DOCUMENTS

① _____ ② _____

ORGANIZATION _____

CORPORATION ③ _____ INDIVIDUAL ① _____ PARTNERSHIP ④ _____ GOVERNMENT ⑤ _____ ASSOCIATION ⑥ _____ OTHER ⑦ _____

PRESENT BUSINESS ESTABLISHED: _____ YEARS _____ MONTHS. NUMBER FULL TIME EMPLOYEES _____

NAMES OF OWNERS, PARTNERS, ETC. _____ TITLE _____

BUSINESS MINORITY: SMALL (MA) _____ LARGE (MD) _____ SM FEMALE (NA) _____ LG FEMALE (WD) _____

OWNERSHIP NON-MINORITY: SMALL (XA) _____ LARGE (XD) _____ SM FEMALE (W) _____ LG FEMALE (X) _____

BUSINESS _____

MANUFACTURE ① _____ RETAIL ② _____ WHOLESALE ③ _____ SERVICE ④ _____ CONSULTING ⑤ _____

CONSTRUCTION ⑥ _____ OTHER ⑦ _____

ANNUAL SALES BELOW \$50,000 ② _____ \$50,000-\$250,000 ③ _____ \$250,000-1MILLION ④ _____ ABOVE \$1 MILLION ⑤ _____

ETHNICITY: ASIAN AMERICAN (A) _____ AFRICAN AMERICAN (B) _____ LATINO AMERICAN (H) _____ AMERICAN INDIAN (I) _____

CAUCASIAN AMERICAN (N) _____ OTHER (O) _____

ABILITY TO ACCEPT ELECTRONIC TRANSFER OF DATA YES _____ NO _____ PAYMENT YES _____ NO _____

WEBSITE ADDRESS _____

APPLICANT'S NAME (TYPE OR PRINT) _____ TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

