

**SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOL SYSTEM
BIDDER APPLICATION FORM**

Return by Mail To: 208 Bull St., Room 213, Savannah, GA 31401

Return by Fax To: (912) 201-7648 Return by Email To: purchasing@sccpss.com

To be completed by a potential bidder as application for receiving bids.

Placement of company name on the bidder's list does not guarantee receipt of all solicitation.

Web site for Bids: www.sccpss.com

Business Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Contact Person Name: _____

Primary Commodity or Service Supplied: _____

Secondary: _____

Business Profile: Individual Partnership Incorporated

(check those that apply)

Minority Status: African-American Asian Indian American Indian

(check one only) Woman Hispanic Non-Minority

Federal Tax ID Number: _____

Federal E-Verify Number: _____

I certify that the above information is accurate to the best of my knowledge.

Authorized Vendor Representative: _____

Signature

Date: _____ Title: _____

For Purchasing Use Only

Commodities: _____

Entered By: _____

ALL AREAS MUST BE COMPLETED OR FORM WILL NOT BE ACCEPTED