



City of North Little Rock – Department of Commerce & Government Affairs

VENDOR'S APPLICATION FORM
(Please Type or Print)

NAME OF FIRM: _____

MAILING ADDRESS: _____
(Street) (City, State, Zip)

BILLING ADDRESS: _____
(Street) (City, State, Zip)

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

FEDERAL ID # OR SOCIAL SECURITY #: _____

PERSON(S) AUTHORIZED TO SIGN BIDS:

Name and Title

Name and Title

Name and Title

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICES AND/OR SUPPLIES YOUR COMPANY PROVIDES (If necessary, please use the back of this page):

MAIL THE COMPLETED APPLICATION AND W-9 TO:

CITY OF NORTH LITTLE ROCK
DEPARTMENT OF COMMERCE
P.O. BOX 5757
NORTH LITTLE ROCK, AR 72119
501-975-8881 PHONE 501-975-8885 FAX

Note: Bidders failing to respond to THREE (3) consecutive Invitation to Bids will be removed from that particular commodity class list. "NO BID" response counts as a valid bid for purposes of maintaining eligibility. Applications submitted without a W-9 will not be processed.

