



Preferred Site Construction

VENDOR APPLICATION

PH: 912.685.4401

FX: 912.685.4402

www.PSC-GA.com

<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION/RENEWAL		NAME OF COMPANY:	
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PARTNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ANOTHER ENTITY _____ If incorporated, under the laws of the state of: _____		MAILING ADDRESS:	
		PHYSICAL ADDRESS:	
GA OR SC BUSINESS OR CONTRACTOR'S LICENSE NUMBER:		FEDERAL TAX ID. NUMBER:	
SOCIAL SECURITY NUMBER: (if individual Business)		HOW LONG IN PRESENT BUSINESS:	
NAME OF OFFICERS, MEMBERS, OR OWNERS OF CONCERN, PARTNERSHIP, ETC.		BUSINESS LOCATED IN WHICH COUNTY:	
(A) PRESIDENT:		TELEPHONE NUMBER:	
(B) VICE PRESIDENT:		FAX NUMBER:	
(C) OWNERS OR PARTNERS:		EMAIL ADDRESS:	
DUN & BRADSTREET RATING (if available)			
CATEGORY (check the category below which applies to applicant) <input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler		<input type="checkbox"/> Distributor <input type="checkbox"/> Consulting <input type="checkbox"/> Service	<input type="checkbox"/> Construction <input type="checkbox"/> Other _____
LIST BUSINESS & FINANCIAL REFERENCES:		REFERENCE PHONE NUMBER:	
(1)		(1)	
(2)		(2)	
(3)		(3)	
(4)		(4)	
(5)		(5)	
PERSON(S) AUTHORIZED AS AGENT TO SIGN BIDS AND CONTRACTS			
Name:		Title:	
Telephone Number:		Fax Number:	
		Email:	
Name:		Title:	
Telephone Number:		Fax Number:	
		Email:	
List type of equipment, supplies, materials, and/or services on which to receive bids and proposals.		<i>I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now barred or otherwise declared Ineligible by any public agency from bidding for furnishing materials, supplies, construction, or services to any agency thereof.</i>	
		Signature of person authorized to sign application Name and Title	
		Telephone Number and email address:	