



VENDOR REGISTRATION FORM

CITY OF ALTON, ILLINOIS

COMPTROLLER'S OFFICE

101 E. Third • Suite 104 • Alton Illinois 62002

Telephone: (618) 463-3550

Fax: (618) 463-2890

E-mail: ap@cityofaltonil.com

Website: www.cityofaltonil.com

Date: _____

Company's Legal Name: _____

Address: _____

Purchase Order Address: _____

Payment Address: _____

Telephone Number: _____

Type of Organization:

Fax Number: _____

____ Individual

E-mail: _____

____ Partnership

Federal Tax Identification #: _____

____ Corporation

Jurisdiction: _____

____ Other — Specify

How long in present business: _____

____ Please indicate if you are a minority or
Woman owned business Yes No

Names of Officers/Partners/Owners

Name

Title

Name	Title
_____	_____
_____	_____
_____	_____

Type of Business or Service:

- | | |
|-------------------|------------------|
| ____ Manufacturer | ____ Distributor |
| ____ Wholesaler | ____ Consultant |
| ____ Jobber | ____ Repair |
| ____ Construction | ____ Other |

Identify person(s) having the authority to contractually bind the company. Indicate if individual is an agent of your company.

Name Capacity Phone Number/Email

Name	Capacity	Phone Number/Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supplies, materials and/or services on which you wish to bid:

Signature

Date