City of Alton, Illinois
Vendor Registration Form

Date _____

Company's Legal Name _____
Address _____
Purchase Order Address _____
Payment Address _____

Telephone Number _____
Fax Number _____
E-mail _____
Federal Tax Identification #_____
Jurisdiction _____
How long in present business _____

Type of Organization:
_____ Individual
_____ Partnership
_____ Corporation
_____ Other – Specify _____
Please indicate if you are a minority or Woman owned business ___Yes ___ No

Names of Officers/Partners/Owners

Name	Title

Type of Business or Service:

_____ Manufacturer
_____ Wholesaler
_____ Jobber
_____ Construction
_____ Distributor
_____ Consultant
_____ Repair
_____ 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

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

_____
_____
_____
_____

_____ Signature

_____ Date