



45 River Street ▪ PO Box 248, Cathlamet, WA 98612
 Phone (360) 795-3266 ▪ Fax (360) 795-8441

VENDOR ROSTER APPLICATION

Company name:					
Mailing address:					
City:		State:		ZIP:	
Primary Contact:					
Phone number:		Federal tax ID:			

Number of years in business supplying items checked below:	
Check appropriate box for the materials, equipment, or supplies you are willing to supply and for which you would like to receive requests for quotes:	
<input type="checkbox"/> Electrical material, equipment and supplies <input type="checkbox"/> Office material, furniture, equipment and supplies <input type="checkbox"/> Communication material, equipment and supplies <input type="checkbox"/> Transportation material, equipment and supplies <input type="checkbox"/> Hydraulic material, equipment and supplies <input type="checkbox"/> Building and facilities material, equipment and supplies <input type="checkbox"/> Other equipment and supplies (please list) _____	

List references where you have supplied like materials checked above:

Firm Name:			
Address:			
Contact Name:		Phone:	
Firm Name:			
Address:			
Contact Name:		Phone:	
Firm Name:			
Address:			
Contact Name:		Phone:	

Print Name: _____ Title: _____
 Signature: _____ Date: _____