SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOL SYSTEM

BIDDER APPLICATION FORM

Return by Fax or Mail To: 208 Bull St., Room 213, Savannah, GA 31401
PHONE (912) 395-5572    FAX(912) 201-7648

To be completed by a potential bidder as application for receiving bids
Placement of company name on the bidder’s list does not guarantee receipt of all solicitation
Web site for Bids: www.savannah.chatham.k12.ga.us

Business Name:______________________________________________________________

Address: ____________________________________________________________________

City, State, Zip Code:__________________________________________________________

Phone Number: (____) _______________    Fax Number: (____) _______________

Contact Person Name: ________________________________________________________

Primary Commodity or Service Supplied:__________________________________________
Secondary:_________________________________________________________________

Business Profile: □ Individual    □ Partnership    □ Incorporated
(check those that apply)

Minority Status: □ African-American    □ Asian Indian    □ American Indian
(check one only)    □ Female(white only)    □ Hispanic    □ Non-Minority

Federal Tax ID Number: ________________________________

Are you certified with another agency as a minority of female owned business?    □ Yes
If so, please submit a copy of the certification notice with this application.    □ No

I certify that the above information is accurate to the best of my knowledge.
Authorized Vendor Representative: _____________________________________________

Signature
Date:_________________________    Title: _______________________________________

For Purchasing Use Only

Commodities: ________________________________________________________________

Entered By: ________________________________________________________________

For Minority/Female Business Development Program Use Only

Entered BY: ____________________________

ALL AREAS MUST BE COMPLETED OR FORM WILL NOT BE ACCEPTED