



CITY OF ASOTIN

PO Box 517 121 Cleveland Street Asotin WA 99402

www.cityofasotin.org

Fax: 509-243-1223

VENDOR LIST APPLICATION

The following application must be completed and returned before your name can be added to the Cities Vendor List. Incomplete applications will not be accepted.

COMPANY INFORMATION:

Company Name: _____

Contact Person: _____ E-mail _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Company Website: _____

Type of Business: _____ Incorporate _____ Sole Proprietor _____ Partnership _____ Corporation

Federal Tax Identification Number _____

Please provide a list of products/service that you provide:

WASHINGTON REGISTRATION INFORMATION:

Washington State Contractor License No. _____

Registration No. _____ Is your firm registered as W/M/DBE _____ Yes _____ No

Contractors Bonding Company: _____ Amount of Bond Limit: _____

Licensed as: _____ General Contractor _____ Specialty Contractor

Date: _____

By: _____
Business Name

Print Name and Title

Signature

APPLICATIONS WILL BE KEPT ON FILE FOR THE CALENDAR YEAR 2016

**Application must have original signature
Please return form to the address listed above.**