



**HALL COUNTY BOARD OF COMMISSIONERS  
PURCHASING DIVISION**  
POST OFFICE DRAWER 1435  
GAINESVILLE, GEORGIA 30503  
770-535-8270  
<http://www.hallcounty.org/>

Click on any field to fill-out.  
  
When completed you may print-out for mailing or faxing.

**BIDDER'S LIST APPLICATION**

<b>General Business Information</b>	<b>PLEASE TYPE OR PRINT IN INK</b>
DATE: _____	
COMPANY NAME _____	FEDERAL TAX I.D. NUMBER (If Company) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
STREET ADDRESS _____	SOCIAL SECURITY NUMBER (If Individual) [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
CITY _____ STATE _____ ZIPCODE _____	PRIMARY BUSINESS (Check One) <input type="checkbox"/> Construction Firm <input type="checkbox"/> Jobber <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Service Firm <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Factory Representative <input type="checkbox"/> Manufacturer
MAILING ADDRESS (if different than above) _____	BUSINESS VOLUME (Check One) <input type="checkbox"/> Large Business Concern (\$1M sales +) <input type="checkbox"/> Small Business Concern (under \$1M sales)
CITY _____ STATE _____ ZIPCODE _____	SPECIAL STATUS <input type="checkbox"/> Minority Owned (51% +) <input type="checkbox"/> Woman Owned (51% +) <input type="checkbox"/> Other : _____
PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____	
PRINCIPAL LINE OF BUSINESS _____	
ORGANIZED AS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation    Date: _____ State: _____	

<b>Business Representatives</b>	<b>PLEASE TYPE OR PRINT IN INK</b>
<small>(Additional Official Representatives may be submitted on a separate sheet)</small>	
NAME OF OFFICIAL REPRESENTATIVE _____ TITLE _____ BUSINESS PHONE _____ CELL PHONE _____ EMAIL _____	
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NAME OF OFFICIAL REPRESENTATIVE _____ TITLE _____ BUSINESS PHONE _____ CELL PHONE _____ EMAIL _____	
Names and Signatures of Persons Authorized to Sign Bids and Contracts. This <u>MUST</u> be kept current. <span style="float:right"><small>(Additional Official Signatories may be submitted on a separate sheet)</small></span>	
Actual Signature (Manually Signed) _____ TITLE _____ BUSINESS PHONE _____ PRINTED NAME _____	
Actual Signature (Manually Signed) _____ TITLE _____ BUSINESS PHONE _____ PRINTED NAME _____	
Actual Signature (Manually Signed) _____ TITLE _____ BUSINESS PHONE _____ PRINTED NAME _____	
Dun & Bradstreet Commercial Rating: _____ as of _____ Standard Selling Terms for your Business: _____	
Bank Reference: _____ Normal Discounts extended to Hall County: _____	
City Business License # _____ Expires _____ Return & Refund Policy: _____	
County Business License # _____ Expires _____ Misc.: _____	
What type of standard business insurance do you carry and it's maximum benefits? _____	

<b>Commodity Codes</b>
Please fill-out left to right first, then top to bottom. A complete list of current codes can be obtained from Hall County Purchasing.
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]