

*Please Print or Type*

# VENDOR APPLICATION

## TEHAMA COUNTY PURCHASING DEPARTMENT

NAME OF COMPANY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE/ZIP: \_\_\_\_\_

PHONE NO: (        )                      FAX NO: (        )

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE/ZIP: \_\_\_\_\_

INDIVIDUAL/SOLE PROPRIETOR  CORPORATION  PARTNERSHIP   
*(Please Check One)*

COMPANY TAX ID NO: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

CONTRACTORS LICENSE NO: \_\_\_\_\_

CONTINUOUS YEARS IN BUSINESS: \_\_\_\_\_

SUBSIDIARY OF: \_\_\_\_\_

**KEY CONTACTS /EMPLOYEES:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE # \_\_\_\_\_

PERSONNEL: NUMBER OF FULL TIME EMPLOYEES \_\_\_\_\_

GOVERNMENT SERVICE AGENCIES (GSA) CONTRACTS HONORED YES ( ) NO ( )

**IDENTIFY EQUIPMENT, SUPPLIES/SERVICES YOU WISH TO SUPPLY THE COUNTY:**  
*(Please be specific)*

**TYPE OF SERVICE YOU WISH TO PROVIDE:**

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**SUPPLIES:**

**ITEMS** \_\_\_\_\_ **BRAND NAME** \_\_\_\_\_

**PLANT WAREHOUSE LOCATION** \_\_\_\_\_

**AUTHORIZED DEALER** ( ) **YES** ( ) **NO**

**REFERENCES: (Customers)**

**NAME:** \_\_\_\_\_ **PHONE** ( ) \_\_\_\_\_ **CONTACT** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE** ( ) \_\_\_\_\_ **CONTACT** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE** ( ) \_\_\_\_\_ **CONTACT** \_\_\_\_\_

**NOTE: For placement on the Tehama County Vendor List, all information must be entered on this form and returned to the Purchasing Department.**

**FORM COMPLETED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
*(Signature)*

\_\_\_\_\_ **PHONE NO:** ( ) \_\_\_\_\_  
*(Please Print Name)*

**E-MAIL** \_\_\_\_\_

**WEB ADDRESS** \_\_\_\_\_

**NAME OF COMPANY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE SIGN AND RETURN TO:**

**TEHAMA COUNTY PURCHASING DEPARTMENT**  
**727 OAK STREET**  
**RED BLUFF, CA 96080**  
**(530) 527-3365 FAX (530) 527-3764**  
[dschmidt@co.tehama.ca.us](mailto:dschmidt@co.tehama.ca.us)