



## FLORENCE COUNTY VENDOR APPLICATION

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 PROCUREMENT DEPARTMENT  
 180 NORTH IRBY STREET MSC-R  
 FLORENCE, SC 29501  
 PHONE: (843) 665-3018      FAX: (843) 664-9668  
[www.florenceco.org](http://www.florenceco.org)  
 Fax completed application or email to: [jdwilson@florenceco.org](mailto:jdwilson@florenceco.org)

	<b>New Application</b>	<b>Federal I.D. # or Social Security #:</b>	<b>Date:</b>
	<b>Name and/or address change</b>		

<b>1. Applicant's Name and Mailing Address for Bidding Forms and Purchase Orders:</b>	<b>2. Mailing Address for Payments (if different from Item 1).</b>
email:	

<b>3. Type of Organization (Check One):</b>			<b>Fax #:</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Organization	
Corporation, Incorporated Under Laws of the State of:			

**4. How long in present business:**

<b>5. Persons Authorized to Sign Bids, Offers, and Contracts (indicate if Agent):</b>		
<b>Name</b>	<b>Official Capacity</b>	<b>Telephone # (include area code)</b>

<b>6. Persons to contact on Bids or Quotes:</b>		
<b>Name</b>	<b>Official Capacity</b>	<b>Telephone # (includes area code)</b>

<b>7. Type of Business: (Primary Function - Check Any That Apply)</b>	<b>7a. Business License #:</b>
<input type="checkbox"/> Broker/Agent <input type="checkbox"/> Consultant/Professional <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer/Rep <input type="checkbox"/> Service Contractor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Construction Contractor	
Other - Define: _____	

<b>8. Description of Primary Product or Service</b>	
<input type="checkbox"/> Roads Construction or Associated Services	<input type="checkbox"/> Roads Maintenance or Associated Services
<input type="checkbox"/> Buildings Construction or Associated Services	<input type="checkbox"/> Buildings Maintenance or Associated Services
<input type="checkbox"/> Professional Services (Certified Professionals)	<input type="checkbox"/> Information Technology or Associated Services
<input type="checkbox"/> Janitorial or Associated Services	<input type="checkbox"/> Landscaping or Associated Services
<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Computer Supplies
<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Construction or Roads Equipment or Supplies
<input type="checkbox"/> Other (Describe) _____	