

CITY OF OKANOGAN: VENDORS LIST APPLICATION

120 Third Avenue North, P.O. Box 752 Okanogan, WA 98840

Phone:(509) 422-3600 Fax:(509) 422-0747

2024

Company Name: _____

Contact Name/Owner: _____

Mailing Address: _____

Physical Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

EIN/Taxpayer Id Number/ SS#: _____

Number of Years in Business: _____

UBI Number: _____

Business Ownership Type: (example: LLC., Corp.,Sole Prop.) _____

Bank Reference/Bank Name and Contact Person: _____

Minority or Woman Owner Business: _____

Certificate #: _____

Pending? _____

Prior to award, the City may require additional information such as references, statement of qualifications, proof of insurance requirements, etc.

If you wish to provide additional information at this time, please attach to this form and return.

Printed Name & Title: _____

Date: _____

Signature of Owner or Authorized Representative: _____

By the signature above, I acknowledge to the best of my knowledge, that all information provided on this application, is a true and honest representation of the above named firm and it's ability to perform any contracts, which may result from the submittal of this application. In addition, I acknowledge that I have read and understand the requirements described in this application and agree to abide by the regulations set forth by the State of Washington and it's affiliates.

