

VILLAGE OF ELK GROVE

901 Wellington Avenue

Elk Grove Village, IL 60007-3499

TX - (847) 439-3900
 FAX - (847) 357-4044

VENDOR'S APPLICATION

1. Application Type <input type="checkbox"/> Initial Application <input type="checkbox"/> Revision	2. Federal I.D. # or Social Security #:	3. Date
4. Applicant's Name and Order Address:	5. Applicant's Pay to Address:	
6. Applicant's Bid Address if other than Order Address:	7. Primary Contact Person (Bids/Quotes/Orders): Name: _____ Phone: _____ Fax #: _____ E-Mail #: _____	
8. 1099 Information (Please check one): <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Individual <input type="checkbox"/> N = Non-Corporate (i.e. partnership)	9. (Please check those that apply) If incorporated, indicate in which state . _____ How many years in present business. _____ Minority Business Enterprise. <input type="checkbox"/> Yes <input type="checkbox"/> No Women Business Enterprise. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Primary Type of Business (Please check only one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Limited Contractor (Define) _____ <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Unlimited Contractor (Define) _____ <input type="checkbox"/> Factory Representative <input type="checkbox"/> Service Establishment (Define) _____ Primary Business: _____		
11. Payment Terms (Please check one): <input type="checkbox"/> Net 30 <input type="checkbox"/> Net 60 <input type="checkbox"/> Other (Please Specify) _____	12. Delivery is Usually Made By (Please check one): <input type="checkbox"/> UPS <input type="checkbox"/> Own Truck <input type="checkbox"/> Outside Carrier <input type="checkbox"/> Other (Please Specify) _____	

Effective 1/1/00 – The Village of Elk Grove is not subject to the Illinois Retailers Occupational Tax, Illinois Use Tax, or Federal Excise Tax (F.E.I.N. #36-6009201, and Illinois Sales Tax (Exemption #E9998-1017-04).

I hereby certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

 Print or type Name and Title

 Signature of person authorized to sign this application

FOR VILLAGE OF ELK GROVE PURCHASING USE ONLY

Vendor #	Date Entered	Commodity Code	Sub-Commodity Code	Other Code
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