

# VILLAGE OF SKOKIE VENDOR APPLICATION FORM



## VILLAGE OF SKOKIE PURCHASING DIVISION

5127 Oakton Street  
Skokie, Illinois 60077  
(847) 933-8240 Fax: (847) 568-8840

**INSTRUCTIONS:** Please type of print. In order to be placed on the Village of Skokie Vendor List, please respond to all required questions, and sign in the space provided. If the appropriate answer is "same", "not applicable", or "none", please write this to indicate no questions have been overlooked. Return this form to the address shown above.

### 1. CONTACT INFORMATION:

Name of business, street address (no P.O. Box),  
City, State and Zip Code:

Address to which bid proposals are to be mailed  
if different from #1a (P.O. Box acceptable):

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Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Toll Free No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site URL: \_\_\_\_\_

### 2. BUSINESS ORGANIZATION:

Please check the appropriate form of business organization below.

Corporation     Sole Proprietor     Individual     Partnership

Please list names of corporate officers and Directors (for Corporations):

Name of Corporate Officers

Name of Corporate Directors

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Please provide Taxpayer Identification Number (FEIN): (Use Social Security Number if a Sole Proprietor).    \_\_\_ FEIN    \_\_\_ SSN    Number: \_\_\_\_\_

3. **FINANCIAL INFORMATION:**

Date Business established: \_\_\_\_\_

Bank Reference:

Bank Contact

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Contact Person

4. **REFERENCES:**

Please provide the name of at least three (3) references for your firm (use additional sheets if necessary):

Name

Organization

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **PRODUCT AND SERVICE CLASSIFICATIONS:**

Please provide a list of products and service you would like to provide to the Village. Please use additional sheets if required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies to the following:

1. The undersigned is authorized to sign this form on behalf of the applicant.
2. All information shown on this form is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title