

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

Vendor Roster Application

Company Name			Application Date
Complete Mailing Address			
Street Address (If different)			
Telephone #		FAX #	
Email Address			
Type of Ownership:	Corporation	Sole Proprietor	Partnership
Washington State Tax Number (if applicable)			
Check the boxes that describe the type of supplies and/or equipment your firm provides:			
<input type="checkbox"/>	Office Supplies	<input type="checkbox"/>	Office Equipment (faxes, copiers, calculators)
<input type="checkbox"/>	Office Furniture	<input type="checkbox"/>	Computer Supplies & Equipment
<input type="checkbox"/>	Telephone Equipment	<input type="checkbox"/>	Janitorial Supplies
<input type="checkbox"/>	Other Equipment (please specify)		
<input type="checkbox"/>	Other Supplies (please specify)		
<input type="checkbox"/>	Other (please specify)		
<p>By my signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the information provided is a true representation of the named firm's ability to provide services, supplies, or equipment, which may result by submittal of this application.</p>			
Typed Name & Title of Applicant		Applicant Signature	