



Purchasing Department
Bidder's List Application

- 1. Business Name _____
- 2. Mailing Address _____ City _____ State _____ Zip _____
- 3. Street Address _____ City _____ State _____ Zip _____
- 4. Telephone Number (_____) _____ Toll Free (_____) _____
Fax (_____) _____ E-Mail _____
- 5. Person(s) authorized to sign bids for application:
Print Name _____ **Signature** _____

6. Type of organization: Individual Partnership Corporation
State in which incorporated (if applicable) _____

7. Type of business: Manufacturer/Producer Construction
 Service Establishment Wholesaler
 Research & Development Retailer

8. Business Classification: (Please choose only one) Small Business Enterprise Woman Owned
Minority Owned Business Disadvantaged Business Enterprise Not Applicable

9. Federal ID Number _____ NM CRS Number _____

10. City of Las Cruces Business License Number _____ Expiration Date ____/____/____

11. State of N.M. Preference Number (if applicable) _____

Certification:

I hereby certify that all statements made in this application are true and correct to the best of my knowledge.

Print Name

Authorized Signature

Official Title

Date

