

**BIDDERS APPLICATION
 FOR GOODS AND SERVICES**

The undersigned requests to be added to the approved bidders list of the Auburn School District. By completing the enclosed application form, the firm indicated below will have the opportunity to submit proposals for merchandise and/or services as indicated below.

It is understood that no response to three consecutive requests for proposals may result in removal from the approved list. A written "no bid" submittal shall be considered an acceptable response to the request. Reinstatement on the approved bidders list may be accomplished by requesting and completing a new application form.

DATE OF APPLICATION:				
FIRM NAME & ADDRESS (include zip code)		BILLING ADDRESS (if different than Firm's address)		
AREA CODE:		FAX NO.:	INITIAL APPLICATION:	
TELEPHONE:			RENEWAL APPLICATION:	
TYPE OF ORGANIZATION (CHECK ONE)	INDIVIDUAL	DATE FORMED		
	PARTNERSHIP	DATE FORMED		
	CORPORATION	DATE FORMED		
		STATE		
	NON-PROFIT	DATE FORMED		
LIST OF OFFICERS/OWNERS/PARTNERS:	OWNER			
	PARTNERS			
	PRESIDENT			
	SECRETARY			
TYPE OF GOODS/SERVICES (Indicate all applicable items):	FURNITURE:		SUPPLIES:	
	OFFICE		OFFICE	
	CLASSROOM		CLASSROOM	
	STUDENT		LIBRARY	
	LIBRARY		AUDIO VISUAL/VIDEO	
	LOUNGE		CUSTODIAL/MAINT.	
	OTHER		MEDICAL/SAFETY	
	EQUIPMENT		MUSIC	
	TYPEWRITERS		KITCHEN	
	CALCULATORS		SHOP	
	COPIERS		ART	
	PERSONAL COMPUTERS		SERVICES	
	PRINTERS		OFFICE MACHINE MTCE.	
	FAXES		PRINTING/GRAPHIC DSGN	
	TELEPHONES		OTHER	
	DRAFTING EQUIP.		PLAYGROUND EQUIP.	
	SHOP EQUIP.		ATHLETIC EQUIP.	
	LAWN & GARDEN EQUIP.		ATHLECTIC CLOTH GOODS	
	CAFETERIA EQUIP.		SOFTWARE	
	Other (Indicate type):			

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BUSINESS AUTHORITY:	Washington State Business License No.:	Expiration Date:
	Name of Bonding Agent:	
BONDING:	Address of Bonding Agent:	
	Phone No.:	Bonding Limit: \$

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION:	My firm complies with requirements of Executive Order 11264 dated 9/9/65 and as amended thereafter.	Yes <input type="checkbox"/>
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CREDIT REFERENCES (List at least three):	Name of Reference	Address	Telephone
	1.		
	2.		
	3.		

PREVIOUS WORK EXPERIENCE: (Other school districts or state agencies)	Name of District/Agency	Address	Telephone
	Contract Person	Contract Completion Date	Contract Amount \$
	Name of District/Agency	Address	Telephone
Contract Person	Contract Completion Date	Contract Amount \$	
Name of District/Agency	Address	Telephone	
Contract Person	Contract Completion Date	Contract Amount \$	

CERTIFICATION AND SIGNATURE:

I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT AND TRUE (INCLUDING ALL PAPERS ATTACHED). IT IS UNDERSTOOD THAT BONDING (WHERE REQUIRED) WILL BE PROVIDED TO THE SCHOOL DISTRICT BY MY FIRM.

AUTHORIZED SIGNATURE	PRINTED NAME AND TITLE OF PERSON SIGNING