



## TOWN OF OCEAN CITY VENDOR/BIDDER FORM

All companies interested in doing business with the Town of Ocean City, MD are encouraged to complete this application. Please TYPE or PRINT information except where a signature is requested. If the space provided is insufficient, you may attach additional sheets. If you have any questions or concerns about completing the application, please call the Purchasing Department at (410) 723-6643.

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Company Name & Federal Employer Identification Number (FEIN) or Social Security Number (SSN)

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Address (Street/P.O. Box)

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City State Zip Code

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Contact Person Telephone Number Fax Number

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Email Address (Required for Email notification of solicitations) Web Address

Please provide a brief description below of the goods and/or services that your company can provide:

The undersigned hereby certifies that the above information is a true and complete statement of facts. I further certify that the above named business shall abide by and be subject to all applicable Federal, State, and Local laws and regulations pertaining to any subsequent contract that may be issued.

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Bidder Application Signature Date

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Typed or Printed Name Title

**PLEASE EMAIL OR FAX THE COMPLETED APPLICATION  
TO THE PURCHASING DEPARTMENT:**

Attn: Dawn Webb  
Purchasing Associate  
214 65<sup>th</sup> Street  
Ocean City, MD 21842  
Office: (410) 723-6643  
Fax: (410) 524-1482  
[dwebb@oceancitymd.gov](mailto:dwebb@oceancitymd.gov)  
[www.oceancitymd.gov](http://www.oceancitymd.gov)