



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.

Name of Company	Date of Application
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Address (Street/P.O. Box)

City	State	Zip Code
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Federal Employer Identification Number (FEIN) and/or Social Security Number (SSN)

Contact Person	Telephone Number	Fax Number
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Email Address (Required for Email notification of solicitations)	Web Address
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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.

Bidder Application Signature

Date

Typed or Printed Name

Title

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

Attn: Nick Rice
Purchasing Associate
204 65th Street, BLDG A
Ocean City, MD 21842
Office: (410) 723-6643
Fax: (410) 524-1482
nrice@oceancitymd.gov
www.oceancitymd.gov