



**BIDDER/VENDOR APPLICATION**  
PICKENS COUNTY PURCHASING DEPARTMENT  
222 McDANIEL AVENUE B-3  
PICKENS SC 29671  
PHONE (864) 898-5921 FAX (864) 898-5796

ALL BIDS ARE POSTED ON OUR WEBSITE AT [WWW.CO.PICKENS.SC.US](http://WWW.CO.PICKENS.SC.US)

NOTE: All answers should be typed or printed, incomplete applications may be rejected.

Company Name: _____ (As registered with the Internal Revenue Service)			
Doing Business As: (D.B.A.) _____			
Website: _____		Primary Service Offered: _____	
Mailing Address: _____ (For Mailing Purchase Orders and Bids)			
City: _____		State: _____	Zip Code: _____
Contact Person: _____		Title: _____	
Telephone: _____		Fax #: _____	E-Mail: _____
Remittance Address: _____ (For Mailing Payments)			
City: _____		State: _____	Zip Code: _____
Contact Person: _____		Title: _____	
Telephone: _____		Fax #: _____	E-Mail: _____
Federal Tax ID: _____ or Social Security Number: _____			
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (state) _____			
(Note: a completed W-9 form must be attached and returned with vendor application)			
Certification: Under the penalties of perjury, I certify that the correct information provided in this form is true, correct and complete and that neither the applicant nor any person (or concern) in any connection with the applicant as principal or officer, so far as is known, is not debarred or otherwise declared ineligible from bidding with Pickens County.			
Authorized Signature	Printed Name	Title	Date
<b>For County Use Only:</b>			
Vendor Number: _____	Date: _____	Entered by: _____	