

VENDOR APPLICATION

LANSING BOARD OF WATER AND LIGHT
 Attn: Daniel S. MacLennan
 PO Box 13007
 Lansing MI 48901-7210
 Fax (517) 702-6042
 Tel (517) 702-6198
 Email: dsm@lbwl.com

(Please Type Or Print)

Mark one:
 New
 Update

Date: _____

This Bidder's Mailing List Application is accepted at the following public purchasing offices: City of Lansing, Lansing Board of Water & Light, Lansing School District, Lansing Community College, Ingham County and Michigan State University.

NAME OF COMPANY AND PHYSICAL ADDRESS	FEDERAL ID NUMBER (OR) SOCIAL SECURITY NUMBER	
ADDRESS TO WHICH BIDDING FORMS AND PURCHASE ORDERS ARE TO BE MAILED		
ADDRESS TO WHICH PAYMENTS ARE TO BE MAILED		
PARENT COMPANY AND ADDITIONAL OFFICE LOCATIONS IN MICHIGAN (May attach separate sheet)		
E-MAIL ADDRESS:	INTERNET WEB SITE ADDRESS	
TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation DUNN & BRADSTREET NUMBER AND RATING (IF AVAILABLE) _____	TOLL FREE TELEPHONE () _____ PRIMARY TELEPHONE () _____ MOBILE PHONE () _____ FACSIMILIE NO. () _____ OTHER CONTACT NO _____	
PERSONS TO CONTACT AND THOSE AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (if agent, so specify)		
Name	Official Capacity	Telephone No.
PLEASE LIST ON THE REVERSE SIDE CLASSES OF EQUIPMENT, SUPPLIES, MATERIALS, AND/OR SERVICES ON WHICH YOU DESIRE TO BID. <input type="checkbox"/> Do you require a hard copy of verbal orders? Yes ____ No ____ Do you accept Procurement Cards? Yes ____ No ____ <input type="checkbox"/> Electronic Disk Catalog <input type="checkbox"/> Electronic Ordering		
Please complete the following: STANDARD PAYMENT TERMS: _____ PROMPT PAY DISCOUNT: _____ STANDARD DELIVERY TIME: _____		
SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION	TELEPHONE NUMBER	
NAME AND TITLE OF PERSON SIGNING (Please type or print)	TELEPHONE NUMBER	

Lansing Board of Water and Light is an Equal Opportunity Organization

BWL Use Only VENDOR ID : _____ Date _____ User ID _____

