



Bidder's List Application

Company Name: _____ Date: _____

Address: _____
Address City State Zip

Contact Person: _____

Telephone # _____ Cell # _____ Fax # _____

Email Address: _____ SSN/Tax ID Number: _____

Type of Business: _____

Disadvantaged business owned? Yes No Women owned business? Yes No
Minority owned business? Yes No Local Small Business Enterprise? Yes No

If Yes to any of the above, attach Certification

Please list three professional references:

Company Name	Contact Name	Address	Phone Number	Type of Work Performed

List the equipment, supplies, materials and/or services on which you desire to bid/quote: (Attached literature if applicable.)

Please return completed form and accompanying documents via fax or mail to:

Housing Authority of DeKalb County
750 Commerce Drive, Suite 201
Decatur, GA 30030
Attn: Procurement Department
Tel: 404-270-2525 Fax: 404-270-2550

To be completed by Procurement department:

Processed by: _____ Date: _____