



BID LIST APPLICATION

Purchasing Department
650 W. Easterday Ave.
Sault Ste. Marie, MI 49783
Phone: 906-635-2761
Fax: 906-635-2111

Business name and mailing address: _____

Telephone: _____ Facsimile: _____

Business located within the tri-county (Chippewa, Luce, Mackinac) area: yes no

Owner's name: _____

Federal I.D. number: _____ or Social Security Number: _____

Representative's name: _____

Number of years in business: _____

Parent Company and additional office locations in Michigan: _____

Do you accept electronic purchase orders? **Y**____ **N**____

If so, provide e-mail address: _____

Please list percentage and circle category that applies:

Minority Owned: _____% Black Hispanic Oriental Eskimo American Indian (not less than ¼)

Woman Owned: _____% White Black Hispanic Oriental Eskimo American Indian (not less than ¼)

If minority/woman owned business, are you certified with the State of Michigan, Department of Civil Rights?

yes no Date certified: _____

Small business:

Lake Superior State University is an Equal Opportunity and Affirmative Action University.

Commodities and/ or services offered: _____

Customer references (preferably governmental agencies at the state or local level) – include address, phone number and name of person to contact.

1. _____
2. _____
3. _____

This application must be signed by a currently employed official representative of the company. The undersigned certifies that the information provided is correct and complete. Submittal of false information will be grounds for cancellation of any contract without penalty to Lake Superior State University and for removal from all bid lists.

Name: _____ Title: _____