



BIDS & PROCUREMENT

Tel: (269) 965-7766

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PO Box 1026

Battle Creek, MI 49016

Contractor's Information Sheet

Please type or print clearly.

Name of Company: _____

Sole Proprietorship: Partnership/ Corp.:

Individual Name(s): _____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Pager/Fax: _____

Contractor's License #: _____ Expiration Date: ____ / ____ / ____

Contractor's Social Security Number: ____ / ____ / ____ Fed. Tax ID #: _____

My signature confirms that I am not in default or have any bad judgments or debts against my company with the state or county in which I am about to work.

Signature Title Date