



BIDDER/VENDOR APPLICATION
LEXINGTON COUNTY PROCUREMENT SERVICES
 212 S. LAKE DRIVE, SUITE 503
 LEXINGTON, SC 29072
 PHONE (803) 785-8107 FAX (803) 785-2240

ALL BIDS ARE POSTED ON OUR WEBSITE AT WWW.LEX-CO.COM
NOTE: All Answers Should Be Typed Or Printed. Incomplete Applications May be Rejected.

Vendor #: _____		Date/By: _____	
FOR COUNTY USE ONLY			
_____ Company Name (As Registered With IRS) D/B/A (i.e. John C. Smith, D/B/A Smith Business Forms)			
_____ Mailing Address for Orders and/or Bids City, State Zip Code Area Code and Phone #			
_____ Remittance Address for Mailing Payment City, State Zip Code Area Code and Fax #			
_____ Street Address for Tax Reporting City, State Zip Code Toll Free Telephone #			
_____ Email Address			
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Federal Tax ID Number (FEIN) (REQUIRED) or If Tax ID Number (TIN) is Social Security Number, enter here <i>NOTE: A Completed W-9 Form must be attached and returned with vendor application.</i>			
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South Carolina Sales Tax Registration # (If SC Sales Tax # not supplied, please state reason) <i>NOTE: Any business with a location in South Carolina location and sells tangible goods must have a SC Sales Tax #</i>			
<u>Category for Services Offered (Check All That Apply):</u>			
Auditing	<input type="checkbox"/>	Architecture/Engineering	<input type="checkbox"/>
Major Construction	<input type="checkbox"/>	Consultant/Professional	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>
Printing	<input type="checkbox"/>	Services	<input type="checkbox"/>
Medical Supplies	<input type="checkbox"/>	Medical Services	<input type="checkbox"/>
		Minor Construction	<input type="checkbox"/>
		Environmental Remediation	<input type="checkbox"/>
		Maintenance Repair	<input type="checkbox"/>
		Supplies	<input type="checkbox"/>
		Other: _____	<input type="checkbox"/>
_____ (If applicable, provide commodity description)			
Organization Contact Name and Title:			
Type of Organization (Individual/Sole Proprietor, Partnership, etc...) :			
Certification: Under the penalties of perjury, I certify that the 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 Lexington County.			
Authorized Signature	Printed Name	Title	Date