



**MUSKEGON COUNTY**  
**BIDDER REGISTRATION FORM**

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

IF REMITTANCE ADDRESS IS THE SAME AS ABOVE, PLEASE CHECK BOX. IF NOT, PLEASE COMPLETE BELOW

Payment Remittance Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_

Bidder Commodity Class Option 1: \_\_\_\_\_

Bidder Commodity Class Option 2: \_\_\_\_\_

Primary County Contracting Dept: \_\_\_\_\_

Secondary County Contracting Dept: \_\_\_\_\_

**MINORITY SUPPLIER CERTIFICATIONS**

Please check all that apply:

The vendor represents that it  IS  IS NOT a women-owned business enterprise.

The vendor represents that it  IS  IS NOT a minority-owned business enterprise.

The vendor represents that it  IS  IS NOT a disadvantaged business enterprise.

The contractor represents and warrants that the company meets the above (when checked) and can provide supportive documentation upon request.

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Printed Name

\_\_\_\_\_  
Authorized Agent Title