The purpose of this form is to offer potential suppliers and contractors an opportunity to become part of the Wilkes University vendor bid list. Please read carefully and complete all sections. Once the completed application is received and reviewed by our procurement department, your company will be added to the University’s bid list for Request For Proposal consideration. Application should be returned to:

Wilkes University
Procurement and Auxiliary Services
Rear 170 South Franklin Street
Wilkes-Barre, PA 18766
www.wilkes.edu

Application is: New _____ Revised _____

VENDOR INFORMATION

Company Name: ______________________________________________________________________________
Address: _____________________________________________________________________________________
City: __________________________________________ State: _____________ Zip Code: ________________
Telephone: _____________________________________ Fax: _________________________________________
Type of Business: Sole Proprietor ____ Partnership ____ Corporation ____ Years in Business: ____________
Principal Officers: __________________________________ Title: ______________________________
                                  __________________________________ Title: ______________________________
                                  __________________________________ Title: ______________________________

SALES INFORMATION

Sales Contact: _______________________________________ Telephone: _______________________________
Email address: _______________________________________

ACCOUNTING INFORMATION

+ If you have not checked the “CORPORATION” box above, you must provide a FEIN or Social Security Number:

Federal Tax ID or Social Security Number: ______________________________ Standard Terms: ___________

Remit-To Address (If different from above): _________________________________________________________
City: __________________________________________ State: _____________ Zip Code: ________________
Accounting Contact: ______________________________ Telephone: ______________________________
BUSINESS PROFILE

Business Type:  Manufacturer __  Distributor __  Construction Contractor __  Service Provider __
Number of Employees:  0-20 ___  21-50 __ _ 51-100 ___ 101-500 ___ More than 501 ___

CUSTOMER REFERENCES

Name ___________________________ Address ___________________________ Telephone ___________________________
Name ___________________________ Address ___________________________ Telephone ___________________________
Name ___________________________ Address ___________________________ Telephone ___________________________

VENDOR COMMODITIES

(Please list the products of services you wish to provide Wilkes University. Attach product line card if available.)

Primary Product/Service: ________________________________________________________________
________________________________________________________________
________________________________________________________________

Secondary Product/Service: ________________________________________________________________
________________________________________________________________
________________________________________________________________

I certify that the information provided above is true and accurate to the best of my knowledge.

NAME (TYPE OR PRINT) ___________________________ SIGNED ___________________________ DATE ___________________________

FOR INTERNAL USE ONLY

REVIEWED BY: ___________________________ DATE: ___________________________

COMMENT: ________________________________________________________________

ASSIGNED VENDOR NUMBER: ___________________________ DATE: ___________________________