# 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**
***NOTE: A Completed W-9 Form must be attached and returned with vendor application.***

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**South Carolina Sales Tax Registration # (If SC Sales Tax # not supplied, please state reason)**
*NOTE: Any business with a location in South Carolina location and sells tangible goods must have a SC Sales Tax #*

**Category for Services Offered (Check All That Apply):**

| | | | | | |
|---|---|---|---|---|---|
| **Auditing** | ☐ | **Architecture/Engineering** | ☐ | **Minor Construction** | ☐ |
| **Major Construction** | ☐ | **Consultant/Professional** | ☐ | **Environmental Remediation** | ☐ |
| **Equipment** | ☐ | **Information Technology** | ☐ | **Maintenance Repair** | ☐ |
| **Printing** | ☐ | **Services** | ☐ | **Supplies** | ☐ |
| **Medical Supplies** | ☐ | **Medical Services** | ☐ | **Other:** _____ | ☐ |

_____
(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**