Lewis County

PUBLIC UTILITY DISTRICT NO. 1

321 N.W. PACIFIC AVENUE • CHEHALIS, WASHINGTON
Mailing Address: P.O. Box 330, Chehalis, WA 98532-0330
1-800-562-5612 • (360) 748-9261 • FAX (360) 740-2455

APPLICATION FOR VENDOR LIST
FOR
ELECTRIC SYSTEM AND COWLITZ FALLS PROJECT

Business Name_____ Date___/___/___

Address_____
City State Zip

Mailing Address (if different)_____
City State Zip

Telephone Number_____ Fax Number_____

Contact Person_____
Name Title

Email Address_____ Website Address_____

Tax/UBI No._____ Contractor No._____

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1. For which of the following items of material, equipment and supplies the applicant wishes to be considered for:
    a. Electrical material, equipment and supplies
    b. Office furniture, materials, equipment and supplies
    c. Communication material, equipment and supplies
    d. Transportation material, equipment and supplies
    e. Hydraulic (Hydroelectric) material, equipment and supplies
    f. Building and facilities material, equipment and supplies

2. Length of time applicant has been in business of supplying types of material, equipment and supplies noted above: _____years

3. If applicant is a corporation, please complete the following:

    a. State of incorporation_____

    b. Name of registered agent_____

c. Address of registered agent_____

d. Names and addresses of officers of the corporation and their length of service with the corporation. Indicate by an asterisk (*) those authorized to sign contracts.

_____

_____

_____

4. Has the applicant paid all current license fees to the State of Washington?
_____yes _____no

5. Financial References. Please provide a bank reference with the name and telephone number of the bank official to contact.

a. _____
Name of Bank Contact Name Telephone Number

6. List of clients (customers) of your company over the last two (2) years for which you have supplied the types of material, equipment and supplies noted above:

_____
Company Name Owner Telephone Number

_____
Company Name Owner Telephone Number

_____
Company Name Owner Telephone Number

_____
Company Name Owner Telephone Number

Submitted this _____ day of _____, 20_____.

_____
Business Name of Applicant

_____
Authorized Signature

Mail form to: Public Utility District No. 1 of Lewis County
P.O. Box 330
Chehalis, WA 98532