

MISSISSIPPI DEVELOPMENT AUTHORITY

BIDDERS LIST APPLICATION

RETURN TO:

Mississippi Development Authority (MDA)

Purchasing Office

P. O. Box 849

Jackson, MS 39205-0849

Please type or print all information in the spaces provided below:

1. COMPANY NAME AND ADDRESS FOR BIDS

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. VENDOR CONTACT INFORMATION:

Contact Person: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

3. TAXPAYER IDENTIFICATION NUMBER (FEIN/SSN): _____

4. MISSISSIPPI FIRM: YES _____ NO _____

5. TYPE OF SERVICE/PRODUCTS OFFERED: _____

6. MINORITY VENDOR (check one) YES _____ NO _____

I, the undersigned, hereby certify that the foregoing information is a full, true and correct statement of facts and agree to abide by the purchasing laws of the State of Mississippi and regulations of the MDA Purchasing Office. I also understand that it is my responsibility to inform MDA Purchasing Office in writing of any changes to this application and that failure to submit a response for four consecutive bid invitations may cause MDA Purchasing Office to discontinue sending bid invitations to me.

Signature _____ Title _____

Type or Print Name: _____ Date: _____