Vendor Registration Form

Complete this form and return it to pursupplies@toledo.oh.gov. Bidding opportunities are posted on the City of Toledo, Division of Purchases and Supplies web site: http://toledo.oh.gov/.

Firm Name			
Primary Business A	Address		
City, State, Zip			
Remit Address (If d	ifferent from above)		
City, State, Zip			
Primary Contact		Title	
Telephone #		Fax #	
E-mail Address			
		Business Hours	
DBE/MBE/WBE Co		YES (attach certificate)	
Do you require a 109	99-MISC form? NO	YES	
Describe your firm's	s products and/or services	S	
Return form to:	City of Toledo Division of Purchase 640 Jackson Street, #200 Toledo, Ohio 43604	* *	
	E-mail:pursupplies@to	oledo.oh.gov	