

DONA ANA COUNTY PURCHASING DEPARTMENT
VENDOR INFORMATION FORM

845 N. MOTEL BLVD.
LAS CRUCES, N.M. 88007
PHONE: 575-525-5927
FAX: 575-525-5930

Website: www.donaanacounty.org/finance/purchasing/

Have you ever done business with Dona Ana County? Yes ___ or No ___.

Business Name: _____

Type of Goods or Services: _____

For Purchase Orders:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code _____

Email Address: _____ Phone: (____) _____ Fax: (____) _____

For Payment:

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business:

Please CHECK all that apply to your company in accordance with Federal tax reporting standards.

1099 Recipient: Yes ___ No ___

- ___ Corporation
- ___ Partnership
- ___ Sole Proprietor
- ___ Manufacturer
- ___ Wholesaler
- ___ Retailer
- ___ Mfg. Rep

Certification:

I understand the Vendor Information Form is strictly for providing Dona Ana County information regarding my type of business. In no way does the filling out this form guarantee business with Dona Ana County and does not guarantee BID/ RFP notification. I am still responsible for checking local newspaper for advertisement of Bids/RFP & Check County Website.

SIGNATURE: _____ DATE: _____