



WASHTENAW COUNTY JOINT PURCHASING PROGRAM APPLICATION

(PLEASE PRINT OR TYPE)

Today's Date: _____

Agency Name: _____

Director/Supervisor Name: _____

Contact Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

P h o n e N u m b e r : (_ _)

Fax Number: (_____)

URL (Website): _____

E-Mail Address: _____

Local Unit of Government? **Yes** **No** Non Profit? **Yes** **No**

If non profit, have you received 501 c (3) status from the Internal Revenue Service? (This is the legal document attesting to your non-profit status). **Yes** **No**

Date Acquired: _____

Area(s) of Interest

Please list specific goods and services you are interested in Purchasing from the County Vendors:

Signature:

Title: _____

Return Completed Application To:

Washtenaw County Purchasing Division
P.O. Box 8645
Ann Arbor, MI 48107-8645