



VILLAGE OF LAKE IN THE HILLS VENDOR APPLICATION FORM

600 Harvest Gate
Lake in the Hills, Illinois 60156
(847) 960-7400 Fax: (847) 960-7415

INSTRUCTIONS: Please type or print. In order to be placed on the Village of Lake in the Hills Vendor List, please respond to all required questions, and sign in the space provided. If the appropriate answer is "same", "not applicable", or "none", please write this to indicate no questions have been overlooked. Return this form to the address shown above. A completed W9 form must be completed before any payments are distributed. Also, the Village requires a Purchase Order for any quotation in excess of \$2,000.

1. CONTACT INFORMATION:

Name of business, street address (no P.O. Box),
City, State and Zip Code:

Address to which bid proposals are to be mailed
if different from #1a (P.O. Box acceptable):

Contact Person: _____

Title: _____

Telephone No.: _____

Facsimile No.: _____

Toll Free No.: _____

E-Mail Address: _____

Web Site URL: _____

2. BUSINESS ORGANIZATION:

Please check the appropriate form of business organization below. A Certificate of "Good Standing" from the Secretary of State is required of all corporations.

- Corporation LLC Partnership Sole Proprietor

Please list names of corporate officers and Directors (for Corporations) or Partners in a Partnership:

Names of Corporate Officers

Names of Corporate Directors

Names of Partners in Partnership

Please provide Taxpayer Identification Number (FEIN): (Use Social Security Number if a Sole Proprietor).

- FEIN SSN Number: _____

3. FINANCIAL INFORMATION:

Date Business established: _____

Bank Name/Reference

Telephone #

Bank Contact Person

4. REFERENCES:

Please provide the name of at least five (5) references for your firm (use additional sheets if necessary):

A. Organization	Contact Name	Telephone Number
_____	_____	_____
Nature of Work Performed		

B. Organization	Contact Name	Telephone Number
_____	_____	_____
Nature of Work Performed		

C. Organization	Contact Name	Telephone Number
_____	_____	_____
Nature of Work Performed		

5. PRODUCT AND SERVICE CLASSIFICATIONS:

Please provide a list of products and service you would like to provide to the Village. Please use additional sheets if required:

6. ACCOUNTS PAYABLE CONTACT INFORMATION:

Village of Lake in the Hills	Contact: Marlene Cummings
Attn: Accounts Payable Dept.	Phone: (847) 960-7426
600 Harvest Gate	Fax: (847) 960-7415
Lake in the Hills, IL 60156	email: mcummings@lith.org

The undersigned certifies to the following:

1. The undersigned is authorized to sign this form on behalf of the applicant.
2. All information shown on this form is correct.

Signature Printed Name Date

Title