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: ____________________________