

**County of Monroe  
Vendor Application**

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facsimile \_\_\_\_\_ Telephone \_\_\_\_\_

WEB Site \_\_\_\_\_ E-Mail \_\_\_\_\_

Product or Service Sold \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

Number of Employees \_\_\_\_\_

Customer References

1. \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_

2. \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_

3. \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Insurance Requirements**-Include copy of current certificate of liability or insurance declaration page showing insurance coverage and limits.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:** County of Monroe  
Finance Department  
125 East Second Street  
Monroe, Michigan 48161  
Or  
E-Mail to: michael\_bosanac@monroemi.org