

**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