

Name of Owner, Members of Officers of Concern, Partnership or Corporation

President _____ Vice President _____

Secretary _____ Treasurer _____

Owner(s) or Partner(s) _____

Signature and Name of Persons Authorized to Sign Bid(s) and Contract(s). This must be kept current.

MUST BE SIGNED MANUALLY

Name	Title	Telephone#	Fax#
------	-------	------------	------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to Contact: (Specify toll free number if available)

Name	Title	Telephone#	Fax#
------	-------	------------	------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you wish to bid on term contracts as well as one-time purchases: ___ Yes ___ No

I understand and agree that it is my responsibility to inform the SC State Housing Authority Purchasing Department in writing of any changes to this application

DATE

SIGNATURE

NAME/TITLE(typed or Printed)

ORIGINAL MUST BE RETURNED