

*Karen Marlow
Manager of Purchasing*



*Finance Department
Purchasing Division*

THE CORPORATION OF THE CITY OF SAULT STE. MARIE

APPLICATION FOR VENDORS LIST

Date: _____

Name of Company: _____

No. of Employees: _____ **Operation Years:** _____

Name of Contact: _____

Address:

_____ **Postal Code:** _____

Phone No: _____ **Fax No:** _____

E-mail: _____ **Company Website:** _____

Product or Service (Describe Briefly)