

Attachment 15 – Bidder Information Form

ITS-IFB-2016-01SV

Name of Company Bidding			Federal Tax Identification No.		
Street			City		
State	Zip	County		Country	
Contact Name			Title		
Phone			Toll Free Phone		
Fax			Toll Free Fax		
E-mail Address			Company Web Site		
NYS Statewide Financial System Supplier Identification Number, if known					