Bid #: 2700012
TITLE: ANTIFREEZE

THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES
DIVISION OF MUNICIPAL SUPPLY SERVICES

ATTACHMENT #1

Qualification of Bidder

To be submitted with bid for
ANTIFREEZE

Class Number: N/A **Item Number**: _____

THIS IS TO CERTIFY that the undersigned confirms that _____ has
(Company)

been in the business of selling Antifreeze for a minimum of THREE years.

Please insert the name of the company, contact name, phone number, street address and the number of years selling Antifreeze:

Name of Company Owner	Contact Name	Phone Number

Street Address	City	State and Zip Code

_____
Number of Years Selling Antifreeze

The Vendor must also state its Operating & Storage capacity:

_____ _____
(Product Name) (Total Facility Storage Capacity)

Storage Capacity for:

List product name and capacity (use additional sheets as necessary)

_____
Name of Bidder

By: _____
Signature

_____
Official Title

_____