

STATE OF ILLINOIS
BIDDER APPLICATION FORM – ONLINE IBID AUCTION

CONTACT INFORMATION			
Name:			--For Office Use Only--
Address:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual	Bid Deposit Received: ____ day of ____, 2015 at ____ a.m./p.m. (CST) Approved: _____
Phone Fax			
E-mail			
City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION			
Company Name:		Bank name:	
City, State ZIP Code		Bank Address City, State ZIP Code	
Phone		Phone	
Fax			
Company E-mail		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

PERSONAL/BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Only bids from those individuals and businesses pre-approved by the State of Illinois will be accepted. Bids from unknown and unrecognized individuals or businesses will be rejected. Please provide your USER ID and PASSWORD for this auction.		Bids will be accepted at: http://ibid.illinois.gov	
		BIDDER USER ID:	
		BIDDER PASSWORD:	

AGREEMENT

By submitting this application, you authorize STATE OF ILLINOIS to make inquiries into the banking and business/trade references that you have supplied. All INFORMATION WILL REMAIN CONFIDENTIAL UNTIL ACCEPTANCE AND FINAL AND AWARD.

SIGNATURES			
Signature of Individual or Company		Approved by the State of Illinois, CMS/Property Ctrl	
Name and Title		Name and Title	
Date		Date	

Please fax your application to the attention of: Thomas Whitehead, State of Illinois, Department of Central Management Services, Property Control Division, 1924 S. 10 ½ Street, Springfield, IL 62703 at (217) 785-6905 or email to: thomas.whitehead@illinois.gov