



City of Bullhead City Vendor Registration Form

Company Name: _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Type of Business: _____

If registering for a current project out to bid, please state project name and number:

Project Name: _____

Project No.: _____

Please email this form to clemmons@bullheadcityaz.gov