

Bid/Solicitation Order Form

PLEASE PRINT OR TYPE INFORMATION	Date:		
SOLICITATION NUMBER/DESCRIPTION	QUANTITY	PRICE	TOTAL
Places Mail the Did/Calinitation made on (a) listed above to made	GRAND	TOTAL:	
Please Mail the Bid/Solicitation package (s) listed above to me:			
COMPANY NAME:			
ADDRESS:			
CITY,STATE AND ZIP			
ATTENTION:TITLE:			
PHONE#: FAX#:			
EMAIL: DUNS#:			
All document fees are payable to the Triborough Bridge And Tun Visa, MasterCard, or American Express. Personal checks will not via mail. Cash is not accepted. There are no refunds given. CREDIT CARD: (CHECK ONE) OR COMPANY/E	be accepted. AT	M cards can n	ot be accommodat
VISA MASTERCARD AMERICAN EXPRESS (3 DIGIT CODE ON BACK OF VISA/MASTERCARD OR 4 DIGIT OF AMERICAN EXPRESS OF AMERICAN E		AMERICAN	EXPRESS)
ACCOUNT #:EXPIRAT	ION DATE:		
SIGNATURE:			_
OVERNIGHT COURIER ACCOU (Documents will be mailed US Postal service regular mail if over	UNT #night courier info	ormation is no	t provided).
MAIL OR FAX THIS FORM TO: MTA BRIDGES AND T ATTENTION: Procurement . (E-Mail: VProcure@MT	Administration		