

# NON-CONSTRUCTION DOCUMENT ORDER FORM

**SSE#: 0000164025**

**SOLICITATION TITLE:** Repair, Testing, and Maintenance for Foam/Water Deluge Fire Suppression Systems

**PRICE OF BID PACKAGE:** \$0 /PER SET

## TO REQUEST BID DOCUMENTS FOR THIS PROCUREMENT

FILL OUT ALL THE INFORMATION ON THIS FORM AND EMAIL IT BACK TO [DOCSALES@NYCT.COM](mailto:DOCSALES@NYCT.COM), FAX IT BACK TO THE NYCT BID RECEPTION DESK AT (646) 252-6108/6109, OR PICK IT UP IN PERSON OR MAIL YOUR REQUEST TO, THE NYCT BID RECEPTION DESK, 3 STONE STREET, NY, NY, 10004. HOURS ARE 9:00 AM – 4:00 PM, MONDAY – FRIDAY, EXCLUDING HOLIDAYS. VENDORS OBTAINING BID DOCUMENTS IN PERSON FROM 10:00 AM TO 11:00AM AND 1:30PM TO 2:30PM ON DAYS OF BID OPENINGS MAY BE SUBJECT TO DELAYS. ALL DOCUMENT FEES ARE PAYABLE BY VISA, MASTERCARD, AMERICAN EXPRESS, COMPANY CHECK OR BANK CHECK. MAKE CHECK PAYABLE TO NEW YORK CITY TRANSIT. ALL PAYMENTS ARE NON-REFUNDABLE.

VENDORS MUST PRINT ALL OF THE FOLLOWING INFORMATION WHEN REQUESTING BID DOCUMENTS.

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(PLEASE PROVIDE A STREET ADDRESS A POST OFFICE BOX ADDRESS IS UNACCEPTABLE)

**ATTENTION:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_  
(PLEASE PRINT)

**FAX #:** \_\_\_\_\_ **NYCT VENDOR #:** \_\_\_\_\_

**TAX ID #/EIN:** \_\_\_\_\_

**SSE#: 0000164025**

**DATE:** \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING ORDERING INFORMATION.

**COMPANY NAME:** \_\_\_\_\_ **# OF SETS:** \_\_\_\_\_

**CREDIT CARD:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**\*OVERNIGHT COURIER:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NYCT VENDOR #:** \_\_\_\_\_

\*DOCUMENTS WILL BE MAILED US POSTAL SERVICE REGULAR MAIL IF OVERNIGHT COURIER INFORMATION IS NOT PROVIDED.