

NON-CONSTRUCTION DOCUMENT ORDER FORM

SSE#: 0000211165

SOLICITATION TITLE: ENGLISH LANGUAGE ORAL PROFICIENCY TESTING.

PRICE OF BID PACKAGE: \$100 /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, 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#: 0000211165

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.