



CONSTRUCTION BID DOCUMENT ORDER FORM

CONTRACT #: 0000306608

SOLICITATION TITLE: C-34857 Sandy Repair Project Rockaway Line Wrap-Up Division (B) in the Borough of Queens

PRICE OF BID PACKAGE: \$350 /PER SET

TO REQUEST BID DOCUMENTS FOR THIS PROCUREMENT

FILL OUT ALL THE INFORMATION ON THIS FORM. 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- ALL ADDENDA WILL BE SENT TO THE EMAIL ADDRESS ON THIS FORM.)

FAX #: _____ **NYCT VENDOR #:** _____
(VENDOR # NOT REQUIRED)

DUNS #: _____ **TAX ID #/EIN:** _____

I AM INTERESTED IN THIS PROJECT AS A: () PRIME CONTRACTOR / () SUB-CONTRACTOR.

YOU MUST BE A REGISTERED VENDOR WITH SYSTEM FOR AWARD MANAGEMENT (SAM) TO PARTICIPATE IN ALL CONSTRUCTION AND ARCHITECTURAL/ENGINEERING PROJECTS.

CONTRACT#: 0000306608

DATE: _____

PLEASE PROVIDE THE FOLLOWING ORDERING INFORMATION.

COMPANY NAME: _____ **# OF SETS:** _____

CREDIT CARD: _____ **ACCOUNT #:** _____

EXPIRATION DATE: _____

***OVERNIGHT COURIER** _____

ACCOUNT NUMBER _____

NAME: _____ **SIGNATURE:** _____

*DOCUMENTS WILL BE MAILED US POSTAL SERVICE REGULAR MAIL IF OVERNIGHT COURIER INFORMATION IS NOT PROVIDED
2/20