Karen Marlow Manager of Purchasing



Finance Department Purchasing Division

## THE CORPORATION OF THE CITY OF SAULT STE. MARIE APPLICATION FOR VENDORS LIST

	Date:	
Name of Company:		
	Operation Years:	
Name of Contact:		
Address:		
	Postal Code:	
Phone No:	Fax No:	
E-mail:	Company Website:	
Product or Service (Des	scribe Briefly)	