

ptac
Procurement Technical
Assistance Center (PTAC)

PROBID Subscription

Contact Person _____

Business Name _____

Address _____

City/State/Zip _____

Business Telephone # _____

e-mail _____

(email address should be the person that will be receiving the daily opportunities – there can be more than one person)

Check all that apply

| | | | |
|--------------------------------|-------------|-----------------|---------|
| Minority-owned | Woman-owned | Veteran-owned | 8(a) |
| Service Disabled Veteran Owned | | Native American | HUBZone |
| Small Disadvantaged Business | | | |

Please provide product or service information:

CAGE Code _____

NAICS _____

Class Code _____

Keywords _____

National Stock Number (NSN) _____

Place of Performance

North Carolina Only

Southeast Region
(NC, SC, VA, WV, KY, TN, MS, AL, GA, FL)

National