



**Washington Metropolitan Area Transit Authority  
Bidders List Request Form**  
(use this form also to be added to our mailing list)

**Contact Information**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please describe the types of material and equipment that your company is interested in purchasing from the Washington Metropolitan Area Transit Authority.

***FAX THIS FORM TO (202) 962-5541***