



POLK COUNTY BOARD OF SUPERVISORS
 PROCUREMENT DIVISION
 111 COURT AVENUE, ROOM 322
 DES MOINES, IOWA 50309
 PH: (515) 286-3220

VENDOR QUALIFICATION FORM

1. BUSINESS NAME:		2. NUMBER YEARS IN BUSINESS:	
3. BUSINESS MAILING ADDRESS:		3. BUSINESS MAILING ADDRESS:	
STREET OR P.O. BOX		CITY STATE ZIP CODE	
4. REMITTANCE ADDRESS (if different from above):		4. REMITTANCE ADDRESS (if different from above):	
STREET OR P.O. BOX		CITY STATE ZIP CODE	
5. PHONE:	6. TOLL-FREE NUMBER:	7. FAX:	8. E-MAIL/WEBSITE ADDRESS:
9. TYPE OF ORGANIZATION:			
<input type="checkbox"/> Corporation (indicate which state) <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (please define)			
State: _____ Date of Corporation: _____			
Fed. I.D.: _____			
10. TYPE OF BUSINESS (check more than one if applicable):			
<input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Service Vendor <input type="checkbox"/> Dealer without Inventory Stock <input type="checkbox"/> Dealer with Inventory Stock <input type="checkbox"/> Distribution Center <input type="checkbox"/> Professionally Licensed <input type="checkbox"/> Other: _____			
11. NATURE OF BUSINESS:			
12. TYPES OF OPERATION:			
Is your firm/office located in IOWA? <input type="checkbox"/> Yes <input type="checkbox"/> No In POLK COUNTY? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a single management concern? (not a branch or subsidiary of another firm) <input type="checkbox"/> Yes <input type="checkbox"/> No If a branch, indicate location of home office: _____ Total Employees Company-wide: _____ In Iowa: _____ In Polk County: _____ Item(s) Produced in Iowa: _____ Item(s) Produced in Polk County: _____ Does any Polk County employee hold an office as principle, director, partner, or hold any remunerative position in this company? <input type="checkbox"/> Yes list name(s) and position(s) on reverse side <input type="checkbox"/> No			
13. CONTACT PERSON(S) FOR SALES:		TITLE:	PHONE:
14. CONTACT PERSON(S) FOR ACCOUNTS RECEIVABLE:		TITLE:	PHONE:
The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.			
Signature		Title	
Company Name		Date	