



VENDOR INFORMATION FORM

Please fax or email

DEPARTMENT OF GENERAL SERVICES
 CENTRAL SERVICES DIVISION – PURCHASING
 111 COURT AVENUE, ROOM 365
 DES MOINES, IOWA 50309
 PH: (515) 286-3215
 FX: (515) 286-3082
 Email: purchasing@polkcountyia.gov

| | | | |
|--|----------------------|------------------------------|----------------------------|
| 1. BUSINESS NAME: | | 2. NUMBER YEARS IN BUSINESS: | |
| 3. BUSINESS MAILING ADDRESS: STREET OR P.O. BOX | | CITY | STATE ZIP CODE |
| 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 _____ | |

