



VENDOR QUESTIONNAIRE

1. GENERAL INFORMATION

Name of Business: _____
Type of Business: _____
Street Address: _____
Post Office Address: _____
City, State, and Zip: _____
Telephone Number: _____ Fax Number: _____
Key Contact for Offers _____ E-Mail: _____
Number of Employees: _____ Annual Revenue _____

2. LICENSE INFORMATION:

Federal Tax Identification Number _____
California Tax Identification Number _____
Contractor /Professional License Number, Expiration Date &
Type: _____
City Business License Number & Expiration Date: _____

3. INSURANCE COVERAGE

Type	Coverage	Name and Address of Carrier
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4. STANDARD PAYMENT TERMS

____ Net 30
____ 2% Net 10
____ Other (Specify _____)

5. FREIGHT TERMS

____ FOB SHIPPING POINT (ORIGIN)
____ FOB DESTINATION

6. Data Universal Numbering System (DUNS) number issued by Dun & Bradstreet

7. BUSINESS CLASSIFICATION (check as many as are applicable)

_____ **Minority-Owned** Fifty-one percent of business or stock is owned, and management of daily business operations is controlled by one or more members of the following groups: Black Americans, Hispanic Americans, Native Americans, Asian-Pacific American, or Asian Indian Americans.

_____ **Women-Owned** A business that is at least 51 percent owned, controlled, and operated by a woman or women.

_____ **Hubzone Small Business** A historically underutilized business zone which is in an area located with one or more qualified census tracts, qualified non-metropolitan counties, or lands within the external boundaries of an Indian Reservation.

Is your company certified as minority owned?

Yes _____

No _____

Name of Certifying Agency: _____

8. BUSINESS SIZE (check one)

_____ **LARGE**

_____ **SMALL** (As Defined in FAR Part 19.102 (a)(f)) Any concern submitting a bid or offer in its own name, other than on a construction or service contract, that proposes to furnish an end product it did not manufacture (a "nonmanufacturer"), is a small business if it has no more than 500 employees

9. BUSINESS STATUS (check one)

_____ **Corporation**

Date founded: _____ If Corporation, State of Incorporation: _____

Name and Titles of Officers or Principals:

How many years has your firm been in business? _____ Under present business name?

_____ Under what other or former names has your firm operated?

_____ Is your firm owned or controlled by and other organization?

List any other organizations or subsidiaries owned or controlled by your firm or its officers: _____

_____ **Government** (Local or State)

_____ **Not for Profit Organization** (501) (c)(3)

_____Sole Proprietor:
Name of Owner(s) _____

_____Partnership:
Name of Partners: _____

10. BUSINESS TYPE (check all that apply)

_____Manufacturer
_____Dealer
_____Retailer Distributor Wholesaler
_____Contractor
_____Other – Specify _____

11. REFERENCES (at least 3 references)

Name	Title	Company	Address	Tel
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12.COMMENTS:

Information provided by: _____

Date: _____

Information Obtained by: _____

Date: _____