

BIDDER INFORMATION REQUEST FORM

Purchasing Department
621 Gracey Avenue
Clarksville, TN 37040
FAX: 931-920-9852

Please print or type information.

You may mail or fax to the Purchasing Department listed above.

COMPANY NAME:

Name of Person Completing this information:

Your position in the company:

| Federal ID# | SS# | Vendor # |
|-------------|-----|----------|
| | | |

Incorporated: ☐ Individual: ☐ Other: _____

NOTE: THE W-9 FORM ATTACHED MUST BE COMPLETED AND RETURNED WITH THIS FORM

| ORDER ADDRESS | PAY ADDRESS |
|-----------------|-------------|
| Street: | Street: |
| City: | City: |
| State: | State: |
| Zip Code: | Zip Code: |
| E-mail Address: | |
| Contact Person: | |
| Telephone: | |
| Fax Number: | |

Year Company Established: _____

Number of Full-Time employees: _____

Contractor's License Number: _____

Are you incorporated?: _____

This form certified that it is a:

| Women Business Enterprise | Minority Business Enterprise | Disabled Business |
|---|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> African American | <input type="checkbox"/> Enterprise |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Non-Profit Work Center for |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Native American/Indian | the Blind and Severly Disabled |
| <input type="checkbox"/> Native American/Indian | | |

To qualify for M/WBE status, 51 percent of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are African Americans, Hispanic Americans, Native Americans, Asian Pacific or Asian Indians and American Women. To qualify for Disabled status, 51 percent of the company must be owned and controlled by disabled persons.

Product(s) and/or Services(s)

Please list the type product(s) and/or services(s) that your company can provide.

| | |
|--|--|
| | |
| | |
| | |

Customer Business References

1. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

2. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

3. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

It is the policy of the Clarksville-Montgomery County School System not to discriminate against any student, employee or applicant on the basis of sex, marital status, race, color, creed, national origin, sexual preference or handicapping condition.

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