



CITY OF EAST ST. LOUIS PURCHASING DEPARTMENT
 301 River Park Drive, 3rd Floor
 East St. Louis, Illinois 62201
 Phone: 618-482-6713
 Fax: 618-482-6648

City of East St. Louis Vendor Information Request Form

INSTRUCTIONS: Please type or print clearly. If any item is not applicable, insert N/A. (F.E.I.N. OR SOCIAL SECURITY NUMBER IS REQUIRED.)

| | | |
|---|----------------------------------|---|
| F.E.I.N. NUMBER/ SOCIAL SECURITY NUMBER | DATE OF THIS APPLICATION | 1099 VENDOR <input type="checkbox"/> YES <input type="checkbox"/> NO |
| BUSINESS NAME | TELEPHONE NUMBER () | FAX NUMBER () |
| TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> INDIVIDUAL /SOLE PROPRIETOR (I) <input type="checkbox"/> GENERAL PARTNERSHIP (GP) <input type="checkbox"/> CORPORATION (C) <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) <input type="checkbox"/> EMPLOYEE (E) <input type="checkbox"/> LIMITED PARTNERSHIP (LP) <input type="checkbox"/> OTHER _____ | YEAR ESTABLISHED | NUMBER OF EMPLOYEES |
| MINORITY/WOMEN/DISABLED BUSINESS ENTERPRISE (CHECK ONE IF APPLICABLE) | | |
| <input type="checkbox"/> MBE | <input type="checkbox"/> MBE/WBE | <input type="checkbox"/> WBE <input type="checkbox"/> DBE |

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| INSERT THE MERCHADNDISE OR SERVICE YOU WISH TO SUPPLY. |
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| CORPORATE ADDRESS STREET CITY STATE ZIP | ADDRESS TO WHICH QUOTATION OR BIDDING FORMS ARE TO BE MAILED STREET CITY STATE ZIP |
| ADDRESS TO WHICH PURCHASE ORDERS ARE TO BE MAILED STREET CITY STATE ZIP | ADDRESS TO WHICH PAYMENTS OR REMITTANCES ARE TO BE MAILED STREET CITY STATE ZIP |

| | | |
|-----------------------|---------------|--------------------------|
| <<< CONTACT NAMES >>> | <<< TITLE >>> | <<< TELEPHONE NUMBER >>> |
| SALES | | () |
| SERVICE | | () |
| MANAGER | | () |

| | |
|--|-------|
| This application must be signed by a ranking officer of the company. Show additional principals or agents separately. The undersigned certifies that information provided on this application is correct and complete. Submittal of false information will be grounds for the rejection of this application, removal from all Vendor lists and the cancellation of any contract without penalty to the City of East St. Louis. | |
| NAME OF PRINCIPAL | TITLE |
| PRINCIPAL'S SIGNATURE | DATE |

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| FOR USE BY THE CITY OF EAST ST. LOUIS GOVERNMENT ONLY | | |
| VENDOR CODE: | APPROVED BY: | DATE: |