

CITY OF ROCKWALL, TEXAS
385 S. GOLIAD ST., ROCKWALL, TX 75087
Ph. 972.771.7700 Fax 972.771.7728

PURCHASING OFFICE
VENDOR INFORMATION

Vendor: _____ Date: _____
(Company Name)

Applicant must attach current completed Certificate of Insurance and W-9 Form to be considered

Describe the materials, equipment, supplies and/or services for which bidding opportunities are requested:

No. of Employees: _____ **Years in business:** _____ **State of Incorporation:** _____

Physical Address: _____

Remit To Address: _____

Main Telephone: _____ **Sales:** _____

Contact/Sales Representative Name: _____

Contact/Sales Representative Email: _____

Name of employee authorized to sign Bids and Contracts: _____

Have you conducted business with the City? Yes or No, if yes, please describe: _____

Standard Delivery (if not custom order): _____ number of calendar days from receipt of order.

List Three References (include business name, contact person and telephone):

- 1) _____
2) _____
3) _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of person completing form: _____

This form is not an offer or proposed contract regarding the sale of goods or services to The City of Rockwall. The City of Rockwall does not guarantee or in any way imply that any business transactions will result from this form being completed and submitted by a Vendor.

Return completed forms to: City of Rockwall
Purchasing Agent
385 S. Goliad, Rockwall TX 75087 or
mfarris@rockwall.com or
Fax 972-771-7728