

VENDOR DATA SHEET

COMPANY NAME:		DATE:	
STREET ADDRESS:		CITY:	STATE: ZIP: P O BOX:
COMMUNICATIONS PHONE#	FAX#	email:	
SALESPERSON PHONE#:	FAX#:	email:	
PURCHASE ORDER ADDRESS IF DIFFERENT THAN ABOVE ST ADDRESS CITY STATE			
IF CONTACTS, PHONE/FAXNUMBERS ARE DIFFERENT THAN ABOVE INFORMATION; PLEASE PROVIDE THE FOLLOWING INFORMATION:			
ORDER PLACEMENT:			
CONTACT	PHONE	-	FAX -
CHECK ON SHIPMENT/DELIVERY:			
CONTACT	PHONE	-	FAX -
MATERIAL CLAIMS:			
CONTACT	PHONE	-	FAX -
QUOTES			
CONTACT	PHONE	-	FAX -
INVOICE MATTERS			
CONTACT	PHONE	-	FAX
MANDATORY INFORMATION			
TERMS OF PAYMENT:		MINIMUM BILLING:	
EMPLOYER FEDERAL ID # _____ -		SOCIAL SECURITY - _____ -	
IS THIS COMPANY INCORPORATED? YES NO CIRCLE ONE			
UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMAITON ON THIS FORM IS TRUE, CORRECT AND COMPLETE.			
SIGNATURE:		DATE:	

MOTION PASSED ON JULY 2, 1990, OUACHITA PARISH POLICE JURY, REQUIRES THAT PURCHASING OBTAIN

1. FEDERAL TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
2. COPY OF OCCUPATIONAL LICENSE
3. COPY OF CERTIFICATE OF INSURANCE -- ONLY IF: VENDOR WILL BE PERFORMING SERVICE OR REPAIRS ON POLICE JURY PROPERTY

LIST ANY AND ALL MATERIALS/SERVICES THAT YOU OR YOUR COMPANY WOULD BE INTERESTED IN QUOTING

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

PLEASE FAX THIS COMPLETED FORM TO LUSHONNOH MATTHEWS AT 318-327-1484 OR MAIL TO OUACHITA PARISH POLICE JURY, PURCHASING DEPARTMENT P O BOX 3007, MONROE, LA 71210