

# Procurement Information Request Form

Name of Organization: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Company Federal taxpayer identification number \_\_\_\_\_

Organization is (check one):

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Joint Venture \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

Public Agency \_\_\_\_\_

Quasi-Public Agency \_\_\_\_\_

Other: (Explain): \_\_\_\_\_

If the organization is a corporation, indicate the following:

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

President's Name: \_\_\_\_\_

If the organization is an individual or a partnership indicate the following:

Date of Organization: \_\_\_\_\_

Name and address of all partners: \_\_\_\_\_

## Organization's Authorized Representatives:

Contact for Questions about Proposal:

Name \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Officer responsible for Contract Performance:

Name \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Acknowledgment of received Addenda No(s): \_\_\_\_\_

The undersigned, being cognizant of the pages, documents and attachments concerned herewith agrees to provide The South Alabama Regional Planning Commission with the services described in the Request for Quotes. The stated Proposal shall be firm for 60 days from the due date for this Proposal.

The Contractor hereby affirms that this Proposal is genuine, not a sham or collusive, and is not made in the interest of any person not therein named.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_