

VENDOR INFORMATION SHEET

Type of Company:		ID#	
Name		Date	

Contact Information

Address					
City		State		Zip Code	
Phone #				Fax #	
Contact		Title		Phone #	

Order Information

Order Contact		Phone #	
		Cell #	
		Email	
Hours of Operation		Cut off Time for Next Delivery	
Service Level %		Next Day Delivery	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA

General Information

Years Business Started		Annual Sales Volume	
Terms			
Certificate of Insurance Amount (see attached)			
*PLEASE ATTACH COPY			
<p>Certificate of Insurance instructions: The Chicago Zoological Society and Forest Preserve District of Cook County are named as Additional Insureds with respect to General Liability and Automobile Liability as required by written contract subject to policy terms, conditions and exclusions.</p>			
Summary of Company Products/Services/Capabilities			

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Certified Firm	<input type="checkbox"/> Yes <input type="checkbox"/> NO	MBE (Minority Bus Enterp.)	<input type="checkbox"/>
		MWBE (Minority Women Bus Enterp.)	<input type="checkbox"/>
		% Owned	<input type="checkbox"/>
		Joint Venture	<input type="checkbox"/>

Number of Employees		Union represented	
In case of emergency/strike delivery contingency plan			

Customer References

1	
2	
3	

I declare that the statements contained in this information sheet are true and correct to the best of my knowledge and I understand that any misrepresentation made in this form regarding the ownership or operation of my company constitutes a material breach of the contractual arrangement between the Chicago Zoological Society and myself.

Signature		Title		Date	
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