

# 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			
<b>IF CONTACTS, PHONE/FAXNUMBERS ARE DIFFERENT THAN ABOVE INFORMATION; PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>			
<b>ORDER PLACEMENT:</b>			
CONTACT	PHONE	-	FAX -
<b>CHECK ON SHIPMENT/DELIVERY:</b>			
CONTACT	PHONE	-	FAX -
<b>MATERIAL CLAIMS:</b>			
CONTACT	PHONE	-	FAX -
<b>QUOTES</b>			
CONTACT	PHONE	-	FAX -
<b>INVOICE MATTERS</b>			
CONTACT	PHONE	-	FAX
<b>MANDATORY INFORMATION</b>			
TERMS OF PAYMENT:		MINIMUM BILLING:	
<b>EMPLOYER FEDERAL ID #"</b> _____ - _____		<b>SOCIAL SECURITY</b> _____ - _____ - _____	
IS THIS COMPANY INCORPORATED? YES NO CIRCLE ONE			
UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE.			
<b>SIGNATURE:</b>		<b>DATE:</b>	

**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 318-327-1484 OR MAIL TO FRANCES HUNTER, PURCHASING, OUACHITA PARISH POLICE JURY P O BOX 3007, MONROE, LA 71210