



VENDOR INFORMATION FORM

Company Identification:

1. Company Name: _____ Telephone: _____
 Mailing Address: _____ Fax: _____
 E-mail: _____

2. **Form of Business:**
 Sole Owner Partnership Corporation

3. **Officers:** _____ Years with Company _____
 President /C.E.O.: _____
 Vice-President: _____
 Treasurer: _____
 H & S Supersisor: _____

4. How many years has your organization been in business under your present name? _____

5. **Parent Company information:**
 Parent Name: _____
 City: _____ Province/State: _____ Postal/ Zip Code: _____
 Subsidiaries: _____

6. Under Current Management Since (Date:) _____

7. **Insurance Contact Information:**
 Title: _____ Telephone: _____ Fax: _____

8. **Insurance Carrier(s):**

Name:	Type of Coverage:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization:

9. Describe nature of work your company specializes in:

10. Are any of the above services you normally perform subcontracted to others? Yes No

11. **For School Apparel Vendors Only:**
 All Suppliers agree to have School Apparel manufactured under safe and healthy conditions and at a minimum, in accordance with the Board's Sweatshop Free Purchasing Policy. Agree Disagree

Vendor Signature: _____
 Date: _____