

**County of Kings Vendor Qualification Form**

Please complete all sections, or put "N/A" if not applicable.

\_\_\_\_\_  
**OFFICIAL COMPANY NAME**

\_\_\_\_\_  
**ACCOUNT REPRESENTATIVE**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PURCHASE ORDER ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
**PRODUCTS/SERVICES PROVIDED**

(Use separate sheet if necessary)

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
**BUSINESS/CONTRACTOR LICENSE #**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**FEDERAL TAX ID #**

\_\_\_\_\_  
**REMIT TO ADDRESS**

\_\_\_\_\_  
**BUSINESS STRUCTURE**  
(Sole Prop, Partnership, Corp, etc)

\_\_\_\_\_  
**TYPE OF BUSINESS**  
(Retail, Broker, Distributor, Services, etc)

\_\_\_\_\_  
**BUSINESS CATEGORY**  
(DVBE, Small Business, Dealer, other)

Please provide three (3) or more references with whom you have a business relationship.

\_\_\_\_\_  
NAME/PHONE/FAX

\_\_\_\_\_  
NAME/PHONE/FAX

\_\_\_\_\_  
NAME/PHONE/FAX

**TERMS AND CONDITIONS:**

\_\_\_\_\_  
Terms/Discount

\_\_\_\_\_  
FOB Point

\_\_\_\_\_  
Free Delivery (yes or no)?

