

VENDOR INFORMATION FORM

Legal Contractual Name: _____

Mailing Address: _____

Contact Person & Title: _____

E-mail Address: _____

Phone: _____

Your Firm is: **(check one)**

Corporation

Limited Liability Partnership

Partnership

Sole Proprietorship

Individual

Joint Venture

If corporation, incorporated under laws of the State of: _____

Names of Individuals with Authorization to sign contracts (Corporations and Partnership require at least two signatures):

Federal Tax Identification Number: _____

City of Indian Wells Business License Number: _____

(Indian Wells business license will be required of the successful Proposer)