

**CITY OF ROCKWALL, TEXAS**  
385 S. GOLIAD ST., ROCKWALL, TX 75087  
Ph. 972.771.7700 Fax 972.771.7728

**PURCHASING OFFICE**  
**VENDOR INFORMATION**

Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Attach current completed Certificate of Insurance (Acord Form) and W-9 Form.*

Mark the following categories that best describe the materials, equipment, supplies and/or services provided:

<input type="checkbox"/> Bldg Maintenance	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Computers	<input type="checkbox"/> CAD/Engineering
<input type="checkbox"/> Communication	<input type="checkbox"/> Construction	<input type="checkbox"/> Field Equip	<input type="checkbox"/> Financial
<input type="checkbox"/> Fire	<input type="checkbox"/> Fuel/Lubricants	<input type="checkbox"/> Furniture	<input type="checkbox"/> Heavy Equip
<input type="checkbox"/> Insurance	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Office Equip	<input type="checkbox"/> Parks/Recreation
<input type="checkbox"/> Police	<input type="checkbox"/> Printing/Binding	<input type="checkbox"/> Professional	<input type="checkbox"/> Safety
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Streets	<input type="checkbox"/> Tools	<input type="checkbox"/> Transportation
<input type="checkbox"/> Uniforms	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Water	<input type="checkbox"/> Other

Brief description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check one:**  Corporation  Minority-Owned  Partnership  Sole Proprietor  
**No. of Employees:** \_\_\_\_\_ **Years in business:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Remit To Address** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Sales Representative Name/Telephone:** \_\_\_\_\_

**Place an Order/Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you conducted business with the City?** Yes or No, If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standard Delivery** (if not custom order): \_\_\_\_\_ number of calendar days from receipt of order.

**List Three References (include business name, contact person and telephone):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

This form is not an offer or proposed contract regarding the sale of goods or services to The City of Rockwall. The City of Rockwall does not guarantee or in any way imply that any business transactions will result from this form being completed and submitted by a Vendor.