

FORT ZUMWALT SCHOOL DISTRICT

PURCHASING DEPARTMENT

VENDOR'S QUALIFICATION STATEMENT

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO: Fort Zumwalt School District
Attn: Purchasing Department
840 Lonestar Drive
O'Fallon, Missouri 63366

1. SUBMITTED BY:

Name of Organization: _____

Principal Office Address: _____

2. Indicate the form of the organization named in #1 above:

_____ Corporation

_____ Partnership

_____ Individual

3. How many years has your organization been in business? _____

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

5. Under what other or former names has your organization operated:

6. Claims and Suits. (If the answer to any of the questions below is yes, please attach details)

- a. Has your organization ever failed to complete any contract or purchase order awarded to it? _____
- b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____

7. References. On a separate sheet, please provide three client references.

- a. Include Company Name, Contact Name, Address, Phone Number and Email Address.

8. W-9 Form. A W-9 Form must be completed and accompany the Vendor Registration Packet in order to be included on the Official District Bid List.

- a. A W-9 form is available on the District website. Please access our website at www.fz.k12.mo.us and follow the path of Departments/Purchasing/W9 Request For Tax Payer ID Form.

9. SIGNATURE

Before signing the form, the authorized representative should verify the entire form and confirm that all sections are completed accurately before submitting to the District. Your signature represents that the form is accurate.

Authorized Representative:

Printed Name: _____	Title: _____
Signature: _____	
Date: _____	