VENDOR INFORMATION FORM

Please complete all of the below information to be included in CAT’s potential vendor’s list.

Firm Name__________________________________________
Firm Address__________________________________________

Telephone Number ______________________
Fax Number ______________________
DUNS Number ______________________

E-Mail Address________________________________________

Firm’s status as Disadvantaged Business Enterprise (DBE) or Non-DBE ______________________

Year Firm Founded ____________________________

Annual gross receipts of the firm:
___< $500K; ___ $500K - $1 million; ___ $1-2 million; ___ $2-5 million; ___> $5 million

Prime or Sub-Contractor ____________________________

NAICS code(s) _________________________________

I certify to the best of my knowledge that the above information is true and correct:

Signature ______________________
Title ______________________
Date________________________

**Please submit this form to CAT’s Procurement Manager at david.stearns@catchacat.org**