



Dear Supplier,

Your company is not listed as an approved vendor with Mobile Area Water and Sewer System (MAWSS). To become an approved vendor, please complete all sheets included in this Vendor Package and return to: MAWSS, P. O. Box 2368 Mobile, AL 36652-2368 or FAX to (251) 694-3461 as soon as possible. We must have all information completed to list your company as a valid supplier of materials, supplies, and/or services. Incomplete forms cannot be accepted.

Attachments:

1. Page 1: Vendor Qualification Sheet:
Please identify your company accurately and claim "Minority" or "Women" owned (non-minority), ONLY if they apply. Inaccurate identification could result in your company being disqualified from doing business with MAWSS.
2. Page 2: Vendor Qualification Sheet
Include Officers' Names, Contact Names, and other pertinent information completely and accurately.
3. Pages 3 – 5: Purchasing Needs
This is a partial list of materials and services used by MAWSS on a regular basis. Please check each category your company is currently able to supply. If you are able to supply additional items in the future, please notify us. If your particular material and/or service is not listed, please add it to the list.
4. Page 6 – Federal Form W-9
This form must be filled out completely and accurately and on file in our Accounts Payable Department before payment can be remitted.

We are currently updating our supplier database. If you are not currently a supplier and wish to have the opportunity to do business with us, we ask that you complete the required information. Upon receiving the completed forms, you will be added to our system as a potential supplier. If you have filled out supplier information for us previously, we apologize for the inconvenience, however, we must have this information on file. Please feel free to contact me if you have any questions or if I can be of further assistance, at (251) 694-9418.

Sincerely,
Purchasing Department

MAWSS
P. O. Box 2368
207 North Catherine Street
Mobile, Alabama 36652-2368
Phone: (251) 694-9418
Fax: (251) 694-3461

FOR OFFICE USE ONLY:

VI# _____

DOV _____/By: _____

CI _____/Date: _____

VENDOR QUALIFICATION QUESTIONNAIRE

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email address _____

Prepared By _____ Title _____ Phone _____

Federal Id# _____ - _____ Social Security # (if applicable) _____ - _____ - _____

Individual Partnership Corporation Government Agency Other

I AM a current supplier Form W-9, completed and attached (required)

Does your company have 500 or more employees? Yes No

Annual gross sales \$ _____ Dun & B # _____ Payment terms _____
(Net 30 unless otherwise stated)

Business License #: _____ Contractor's License #: _____ Discipline: _____

THIS IS TO CERTIFY THAT THIS BUSINESS QUALIFIES AS (CHECK BELOW ALL THAT APPLY):

Minority Business Concern – A business at least 51% of which is owned (or, in the case of publicly owned businesses, at least 51% of the stock of which is owned) by one or more minority individuals or other individuals found to be disadvantaged by the Small Business Administration and whose management and daily operations are controlled by such individuals.

Check appropriate boxes below:

- African American
- Hispanic American
- Asian-Pacific American
- Native American (American Indian, Eskimo, Aleut)

Check appropriate boxes below:

- Male
- Female

Women Owned Business Concern – A business that is at least 51% owned by a non-minority women who controls the daily management.

CERTIFICATION STATUS

My company is certified by an authorized agency (attach copy).

I herewith certify my status as a minority- or female-owned company. *Confirmed by MAWSS:* _____

COMPANY

NAME: _____

General instructions to vendors:

Please complete this form with sufficient detail to provide a synopsis of your firm's product, service, personnel, facilities, equipment, and history. Additional detailed information may be submitted if desired; however, the additional information should not be submitted in lieu of completing this form.

Principal Officers (names and titles)	Phone	Fax

Our Contacts:

Sales Manager _____ Ph._(_____) _____ Fx._(_____) _____

Inside Sales _____ Ph._(_____) _____ Fx._(_____) _____

Outside Sales _____ Ph._(_____) _____ Fx._(_____) _____

Accounts Receivable _____ Ph._(_____) _____ Fx._(_____) _____

Remit Address (if different) _____

Invitation to bid address (if different) _____

Contact _____ Ph._(_____) _____ Fx._(_____) _____

E-mail: _____

Do you have a Drug/Alcohol Policy in effect for your employees? Yes No

Bonding Co. (if Bonded) _____

Certificate of Insurance – Fax (251-694-3461) to Purchasing Dept. **Must be updated yearly.**

Are you required to have Worker's Comp Insurance? _____ If not, please indicate why _____

Primary Nature of Business: _____

List NIGP Codes below. List both primary and any secondary codes that apply to your business.

Primary NIGP Code _____

Principal product, service, or work interested in (See attached list: Check only those you can supply. Leave all others blank. It is important this is filled out properly and all sheets returned.)