

**CITY OF WEATHERFORD  
VENDOR QUESTIONNAIRE**

I. Business Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ Corporation

III. Employer ID Number or Social Security Number: \_\_\_\_\_

IV. Years Company Has Been in Business: \_\_\_\_\_

V. Company Owners/Officers by Name and Title:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

VI. Bank and Other Business References:

- a. Bank: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_
  
- b. Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_
  
- c. Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Information must be furnished to City prior to award of contract.