



VENDOR PROFILE

Complete this form and return to the address at the bottom.

VENDOR INFORMATION:

Business Name: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Remit To: (if different from above):

Remit to Name: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

BUSINESS DESCRIPTION:

Manufacturer

Distributor

Agent

Other (please specify) _____

HISTORY:

Number of years in business under current business name: _____

Has the business ever operated under any other name?

Yes (If yes, please list) _____

No

Products/Services:

Please give a general list of the products/services that your organization is able to provide the City of Bay City: (You may attach a product list – no catalogs please)

Quality:

Do you have a documented quality program?

- Yes (If yes, please provide details) _____
- No

MBE/WBE (TO BE CONSIDERED FOR FEDERALLY FUNDED PROJECTS ONLY)

Is your organization a Minority Business Enterprise?

- Yes
- No

Is your organization a Woman Business Enterprise?

- Yes
- No

Is the MBE/WBE organization self certified or agency certified?

- Self Certified
- *Agency Certified

*List Agency: _____

References:

Please provide a separate sheet with three (3) business references. Please include a contact name, position, telephone number, fax number and E-mail address.

In completing and signing this Vendor Profile, your organization acknowledges and agrees to comply with the policies, procedures and practices of the City of Bay City. These are outlined in the City of Bay City's Purchasing Policies and Procedures which can be viewed on the website (www.baycitymi.org).

We appreciate your time and effort in completing this Vendor Profile of your organization.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please return your profile to:

**CITY OF BAY CITY
PURCHASING DEPARTMENT
301 WASHINGTON AVENUE
BAY CITY, MI 48708**