



# City of Saskatoon

Purchasing Services  
222 Cardinal Crescent  
SASKATOON SK S7L 6H8  
Telephone: (306) 975-2600  
Fax: (306) 975-2612

Vendor #: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
(For Office Use)

## VENDOR INFORMATION QUESTIONNAIRE CONFIDENTIAL (When Completed)

COMPANY NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ FAX: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
(Title of Official) (Authorized Rep: Please Print) (Signature of Authorized Rep.)

- a. Manufacturer ( )
  - b. Wholesaler ( )
  - c. Distributor ( )
  - d. Contractor ( )
  - e. Retailer ( )
  - f. Consultant ( )
  - g. Other ( )
- Specify: \_\_\_\_\_

WCB Firm # \_\_\_\_\_ ISO Certified: Yes ( ) No ( )  
GST # \_\_\_\_\_ PST # \_\_\_\_\_

Please list materials, services, and equipment you wish to quote/tender on:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_