



City of Meadow Lake
Vendor Information Sheet
CONFIDENTIAL When Completed

CONTACT INFORMATION

Company Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____
Website: _____

BUSINESS INFORMATION

Select One:

Manufacturer	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Distributor	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	_____			

WCB Firm # _____

Please list the materials, services, and/or equipment you wish to quote on:

Authorized Representative

Signature

Date

For City Use: Date Received: _____ Date Entered: _____
