CMCSS Purchasing Department
612 Gracey Avenue
Clarksville, TN 37040
Email: Purchasing@cmcss.net

BIDDER INFORMATION REQUEST FORM

Please type or print legibly and mail or email to the Purchasing Department information listed above.

COMPANY NAME: _____

Name of Person Completing this information: _____

Your position in the company: _____

Federal ID #	SS #	Vendor #

Incorporated: _____ Individual: _____ Other: _____

NOTE: A W-9 FORM (Rev. March 2024) MUST BE COMPLETED AND RETURNED WITH THIS FORM

Order Address	Pay Address
Street:	Street:
City:	City:
State:	State:
Zip Code:	Zip Code:
E-mail address:	
Contact Person:	
Telephone:	
Fax Number:	

Year Company Established:
Number of full-time employees:
Contractor's License Number:
Are you incorporated?

This form certifies that it is a:

Women Business Enterprise	Minority Business Enterprise	Disabled Business
[ ] African American	[ ] African American	[ ] Enterprise
[ ] Asian American	[ ] Asian American	[ ] Disabled
[ ] Caucasian	[ ] Latino/Hispanic	[ ] Non-profit Work Center for
[ ] Latino/Hispanic	[ ] Native American/Indian	[ ] The Blind and Severely Disabled
[ ] Native American/Indian		

To qualify for M/WBE status, 51 percent of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are African Americans, Hispanic Americans, Native Americans, Asian Pacific or Asian Indians and American Women. To qualify for Disabled status, 51 percent of the company must be owned and controlled by disabled persons.

Product(s) and/or Service(s)

Please list the categories of the product(s) and or services that your company can provide.

_____ _____

_____ _____

_____ _____

Customer Business References

1. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

2. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

3. Customer Name _____
Address _____
Contact Person _____
Telephone Number _____

Product/Service provided _____
Date Product/Service Provided _____

It is the policy of the Clarksville-Montgomery County School System not to discriminate against any student, employee or applicant on the basis of sex, marital status, race, color, creed, national origin, sexual preference or handicapping condition.