

Community Action Partnership of Kern  
• Procurement Department •  
Vendor Information Sheet

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Official Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Accts. Receivable Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Customer Service Phone #: \_\_\_\_\_

CAPK Vendor #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Federal ID # or SS#: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Contractor Lic #: \_\_\_\_\_ DUNS#: \_\_\_\_\_ CCR & CAGE#: \_\_\_\_\_

Business Lic #: \_\_\_\_\_ City Issued: \_\_\_\_\_

General Liability Insurance Carrier & Policy #: \_\_\_\_\_

Auto Liability Insurance Carrier & Policy #: \_\_\_\_\_

Workers Compensation Insurance Carrier & Policy #: \_\_\_\_\_

Please Check One:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_

Please Check One Classification:

Non-Profit \_\_\_\_\_ Faith Based Agency \_\_\_\_\_ Local Gov't \_\_\_\_\_ Fed. Gov't \_\_\_\_\_ For Profit \_\_\_\_\_

Housing Collaboration \_\_\_\_\_ School District \_\_\_\_\_ Post Secondary Education Institution \_\_\_\_\_

It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises, Women's Business Enterprises and Veteran Business Enterprises.

Is your company:

Small Business \_\_\_\_\_ Minority owned (51+%) \_\_\_\_\_ Woman owned (51+%) \_\_\_\_\_ Veteran owned (51+%) \_\_\_\_\_

Years in Business: \_\_\_\_\_ Accept Purchase Orders: Yes \_\_\_\_\_ No \_\_\_\_\_

**If your business has a Social Security number as Tax ID, we require the signature of the owner.**

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_