



Finance Department
Central Services Division

CONTRACTOR/VENDOR INFORMATION FORM

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____

Product/Service Provided: _____

Please Indicate Business Ownership Below:

Individual _____ Partnership _____ Corporation _____ Other _____

Minority Owned _____ Women-Owned _____

Please Return Via:

Mail:
Central Services Division
425 E State St
Rockford, IL 61104

Email:
purchasing2@rockfordil.gov

Fax:
800-380-7175