OFFER DOCUMENT #4 - CONTRACTOR INFORMATION FORM
ATL Solicitation No. 20-010

Contractor must provide all of the information requested below:

Legal Name

Mailing Address

Physical Address
(if different from above)

Phone # Fax #

Website Address

Authorized Representative Name

Title

Phone # Fax #

Email Address

Atlanta-Based Contact Name

Title

Phone # Fax #

Email Address

Proposer is a (choose one):

☐ Corporation State of Incorporation GA

☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture (attach names)

Proposer is a (choose one):

☐ Not a Certified Disadvantaged Business Enterprise (DBE)

☐ Certified Disadvantaged Business Enterprise (DBE)

Certifying Agency

Provide the following information for three (3) project references for which Proposer has provided products and services of similar scope and cost in the last three (3) years:

Reference #1

Name

Address

Contact Person

Phone # Fax #

Email Address

Total Contract Amount

Date of Contract Completion

Reference #2

Name

Address

Contact Person

Phone # Fax #

Email Address

Total Contract Amount

Date of Contract Completion

Reference #3

Name

Address

Contact Person

Phone # Fax #

Email Address

Total Contract Amount

Date of Contract Completion

If Proposer is a wholly-owned subsidiary of a parent company, provide the legal name and form of the parent company.	

The undersigned certifies that the information provided above is true and correct.

Authorized Representative Name

Title

Date

Authorized Representative Signature