



ARIZONA WATER COMPANY VENDOR INFORMATION FORM

www.azwater.com

TODAY'S DATE:	COMPANY NAME:
COMPANY PHONE #:	MAIN CONTACTS NAME:
ADDRESS:	CONTACT TITLE:
CITY ST ZIP:	CONTACT E-MAIL:
YEARS IN BUSINESS:	NUMBER OF EMPLOYEES:
COMPANY WEBSITE:	

What products does your company provide or services does your company perform?

Tell me about your business:

Is your company a Minority Owned Business? YES NO

Minority Business Classification: (please select all that apply)

Asian/Pacific American
 African American
 Native American
 Hispanic American
 Women
 Disabled Veteran
 LGBTQ
 Disabled
 Other

Please provide your business License Number & Expiration Date:

License Number Expiration Date

List of Certifications: _____

What is the company's Standard Industry Classification (SIC) Code? _____

What is your Small Business Administration Designation? (if any) _____

Large, Small, HUB Zone

Is your company a local Arizona company? YES NO N/A

Can your company travel to rural areas in Arizona? YES NO N/A

Are you certified by a supplier diversity clearinghouse? YES NO N/A

If not, would you consider becoming certified? YES NO N/A

Arizona Water Company wants to help facilitate the growth of your small, minority-owned company. Getting certified with The Supplier Clearinghouse at: <https://sch.thesupplierclearinghouse.com/> will get your company searched by other companies in Arizona and California. It's free and renewal is every 3 years. Please contact our Supplier Diversity Procurement Coordinator Rashelle Spencer for additional information. rspencer@azwater.com

Client Reference

Company Name: _____
Contact Person: _____
Address: _____
Phone Number: _____
Email: _____
Project: _____

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What questions do you have for us that we can help you with?

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