	City Dept/Div	of Santa	Cruz	Quick Quote Request (this is not an order) Current Date: Payment Terms:					
SANTA CRUZ	Address								
	Contact	Name:							
	Phone:				FOB:				
		Requested Delivery Date:							
			Quotes Due:		by				
			-	(date)		(time)			
			Item Requested						
			Other Requirements						
The vendor is respons	sible for e	xamining and	conditions will apply. Review the terms and conditions d understanding all terms and conditions of this reque		v.cityofsantacruz	z.com/terms.			
Quote good for		_ days (m	ninimum 30 days).			1			
Item#	Qty	Unit	Description	l	Jnit Cost	Extension			
Notes:					Subtotal:				
Notes:					Subtotal: Freight:				
Notes:					Freight:				
Notes:					Freight: Sales Tax:				
					Freight:				
Shipping point:	<u> </u>		Est delivery data:		Freight: Sales Tax: Total:				
Shipping point: Method of shippin	-		Est. delivery date: (minimum 15 days) Local Busi		Freight: Sales Tax: Total:				
Shipping point: Method of shippin Early Pay discour	t offere	d:	Est. delivery date: (minimum 15 days) Local Busi	ness Certif	Freight: Sales Tax: Total:	ned: Yes			
Shipping point: Method of shippin Early Pay discour Vendor Informat i	it offere	d:	(minimum 15 days) Local Busi	ness Certif	Freight: Sales Tax: Total:				
Shipping point: Method of shippin Early Pay discour <mark>Vendor Informat</mark> i Business Name:	it offere	d:	(minimum 15 days) Local Busi	ness Certif	Freight: Sales Tax: Total: ication Attach	ned: Yes			
Shipping point: Method of shippin Early Pay discour Vendor Informat Business Name: Address:	it offere	d:	(minimum 15 days) Local Busi	ness Certif Phone: _	Freight: Sales Tax: Total: ication Attach	ned: Yes			
Shipping point: Method of shippin Early Pay discour Vendor Informat Business Name: Address: City, ST, Zip:	it offere	d:	(minimum 15 days) Local Busi	ness Certif Phone: _ Fax: _	Freight: Sales Tax: Total: ication Attach	ned: Yes No			
Notes: Shipping point: Method of shippin Early Pay discour Vendor Informati Business Name: Address: City, ST, Zip: Sales Contact: Authorizing Signature:	ion	d:	(minimum 15 days) Local Busi	ness Certif Phone: _ Fax: _	Freight: Sales Tax: Total: ication Attach	ned: Yes No			

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Vendor Information

Step 1: Complete company information: Business Information:											
Business Name:											
If sole proprietor or partnership, owner's name:											
Address:											
City:											
hone: State: Zip:											
E-mail:	_										
Request for Taxpayer Identification Number and Certific Check appropriate boxes: □ Individual/ Sole proprietor □ Limited liability company. Enter the tax classification (I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided m security number (SSN). For other entities, it is your employed SSN: □ Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer 2. I am not subject to backup withholding because (a) I an Service (IRS) that I am subject to backup withholding; am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). Certification instructions: You must cross out item 2 above because you have failed to report all interest and dividends of paid, acquisition or abandonment of secured property, canced payments other than interest and dividends, you are not required □ Check box if you agree to the above certification. Certification completed by:	☐ Corporation D=disregarded entity, nust match the name g er identification numl or EI r identification number m exempt from backu as a result of a failure if you have been noti on your tax return. Fo ellation of debt, contr	Partu , C=corpor given to av ber (EIN). N: er (or I am up withhol to report fied by the or real esta ibutions to	void back waiting ding, or all interes e IRS that te transa o an indiv	for a nu (b) I hat est or di at you a ctions, vidual r	umber ve not vidence re curr item 2 retirem	to be in been n ds, or (or rently s does n hent arr	indiv ssued ootifie c) the ubjec oot ap anger rrect 7	to me d by t IRS h tt to ba	s, this is s), and he Inten nas noti	s your so rnal reve ified met vithholdi tgage into	enue that I ing erest
Remittance Address (if different from above):											
Remittance Name (if different from above):											
Address:											
City:	State:				Zip	:					
City of Santa Cruz Business Tax Certificate											
Number: E	xpiration date:										
Sales Tax											
What percentage of sales tax do you collect for sale	es in the City of S	anta Cru	ız?		_% []n/a					
Early Pay Discount											
A% discount is offered for payment within	ı <u>days</u> .										
Out of State Vendors, please note:											
• Non-resident Withholding.) The City withholds 7% from non-residents as dia allowed a reduced withholding, must submit the (http://www.ftb.ca.gov/individuals/wsc/decisio	e appropriate Calif	fornia Fr	anchise	Tax F	Board	l form					-

831/420-5068 if you have further questions.

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ePayables

The City offers ePayables as a method for vendor payment. ePayables is a business-to-business solution where electronic payments are initiated for invoices, rather than checks. The only fees that would incur as a result of using e-Payables are the same fees that are associated with receiving a regular credit card payment.

Check box if you would like more information on ePayables.

Step 2: Commodity Code: Select all codes that you wish to receive bids for and write them in the spaces provided below. The list must be accessed on-line at http://www.cityofsantacruz.com/Modules/ShowDocument.aspx?documentid=781

Code # (5-digits)	Brief code description	Code # (5-digits)	Brief code description
	_		

If necessary, use additional sheets to list more codes.

Step 3: Check box if you would like to be included in the City's emergency resource list.

Internal Use Only:						
Insurance sent to Risk Management	□yes	□no	□na			
Vendor is required to have BTC	□yes	□no				
If yes, are they in process of getting one, if they did not complete the BTC information above? use uno						
P:\FNPU\Stacey\Forms\Final Version New Vendor Form\New vendor Form - vendors versionpdf2.doc						Page 2 of 2



Local Business Preference Certification

Business Name:

Local Businesses and Locally Owned Businesses must submit this certification with each bid or proposal in order to receive the 2% and *additional* 4% preference applied during the evaluation of any competitive process for goods, supplies, equipment, materials, services, or professional services.

Local Businesses

To qualify for the 2% local business preference, a business must meet the following criteria:

1) Does the business have an office with at least one employee located in the *City* of Santa Cruz?

Yes No Address:

2) Is the business current in the payment of all taxes, charges, assessments, or fees owed to the City of Santa Cruz?

Yes No

3) Does the business hold a valid City of Santa Cruz business license?

Yes No DBA/license number:

Locally Owned Businesses

To qualify for an *additional* 4% locally owned business preference, a business must meet the above requirements for a local business <u>and</u> at least 50% of the business' owners must live in the *County* of Santa Cruz.

To qualify for the locally owned business preference, list all of the business' owners and their county of residence (attach additional sheets if necessary).

Owner Name:	County:
Owner Name:	County:
Owner Name:	County:
Owner Name:	County:

By submitting this form, I represent that I qualify as a (check all that apply):

Local Business

Locally Owned Business

I understand that by submitting false information or failing to disclose material information in order to qualify for the preference my business will be 1) required to pay the city any difference between the contract amount and what the city's cost would have been if the contract had been properly awarded, and 2) prohibited from bidding on any city contract or receiving any city contract for a period of three years of the discovery of facts supporting the same.

Authorized Signature:

Name & Title:

Date: