



---

Company Name

---

Signature of Authorized Representative

---

Address

---

Authorized Representative Name (please print name)

---

City, State & Zip Code

---

E-Mail Address

---

Phone Number

---

Web Page Address

---

Date

Delivery ARO \_\_\_\_\_ Days

Discount for Payment in 20 Days: \_\_\_\_\_ %

FOB: DESTINATION

Payment Terms: \_ Net 30



# City of Lompoc

## “Registered Proposer Information Sheet”

RFQ No. 2963  
Closing Date: 03/25/2021, 12:00 noon

Please immediately complete and email to l\_hilario@ci.lompoc.ca.us to be added to the list to receive all clarifications and addendums.

1. Complete this form (print or type your information).
2. Email to l\_hilario@ci.lompoc.ca.us.
3. Circle which method was used to secure proposal package.

**Mail**

**Email**

**Internet**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Proposer

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Web Page Address

\_\_\_\_\_  
Contractors License Number

\_\_\_\_\_  
Expiration Date