APPENDIX D. STATEMENT OF VENDOR’S QUALIFICATION

1. Legal Business Name:

2. Business Office Address:

City, State, Zip:

Telephone Number:

Fax Number:

URL:

3. Business Effective Date:

4. Organized Business Status:

    ______ Corporation    ______ Partnership

    ______ Individual/Sole Proprietor    ______ Other

5. How many years have you been in the business under your present name?

6. What other name(s), if any, has your business/company operated under, and taxpayer number used: ________________________________

7. Please list the names of your personnel authorized to sign legal and binding RFP Proposal Response Documents:

    __________________________________________

    __________________________________________

    __________________________________________
The proposer must subscribe to the above statements and be sworn to before a Notary Public.

Authorized Representative

SIGNATURE ________________________________

DATE: _________________________________

NAME: ________________________________

TITLE: _________________________________

EMAIL ADDRESS: _______________________

TELEPHONE NUMBER: ___________________

FAX NUMBER: ___________________________

Notary Public for South Carolina

My Commission Expires: ____________________