

IFB Title:
IFB Number:

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA BARBARA**

**Attachment 7
Bidder/Contractor Questionnaire**

1. The Contractor's name, address, telephone number and email, federal tax identification number, and principal type of business. **Note:** If the Contractor is a sole proprietor using his or her social security number, the social security number will be required before finalizing a contract.

Proposers Name: _____
Address: _____
Phone Number: _____
E-Mail Address: _____
Federal Tax ID: _____
Type of Business: _____

2. Name, title, address, telephone number, and email address of the individual who will act as the Bidder's designated representative for purposes of this IFB.

Contact Name: _____
Title: _____
Phone Number: _____
E-Mail Address: _____

3. Number of Years in Business:
4. List and describe significant transactional events in the past five (5) years such as: bankruptcies, mergers, acquisitions, initial public offerings (IPO's).
5. List and describe any current and/or pending business disputes or litigation of any type, i.e. lawsuits, bankruptcy proceedings, arbitrations, mediations, etc.
6. List, describe, and submit a copy of any and all licenses, permits, etc., you hold which may be related to supplying the products or performing the services in this IFB in the State of California and/or the County of Santa Barbara.

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7. Names, addresses, telephone numbers, and email addresses of a minimum of three (3) clients for whom the Bidder has provided similar goods. The JBE may check references listed by the Proposer.

Company Name: _____
Contact Name: _____
Title: _____
Phone Number: _____
E-Mail Address: _____

Company Name: _____
Contact Name: _____
Title: _____
Phone Number: _____
E-Mail Address: _____

Company Name: _____
Contact Name: _____
Title: _____
Phone Number: _____
E-Mail Address: _____