

RFSOQ DISTRIBUTION FORM

Vendor: Please fill out the form below and forward it via fax to 901-457-2258 or email to tocpurchasing@ci.collierville.tn.us. The Procurement Division will forward you a copy of the requested RFSOQ.

RFSOQ2017-009 Annual Audit Services

Date: _____

No. of Packets Requested: _____

Vendor Number: _____

*To obtain a vendor number, please register your company at <http://tocpurchasing.collierville.com>.
[Follow this link](#) to look up your vendor number, if you have previously registered.

Company Name: _____

Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Deposit Amount: _____ N/A _____ Deposit Refund Date: _____ N/A _____

Method of RFSOQ Packet Delivery (Check one):

E-Mail Address

Vendor Pick-Up

U.S. Mail

Fed-Ex (Provide Fed-Ex account #) _____

How did you hear about this solicitation?

Collierville Website

Dodge Room

Newspaper Public Notice

Town Notification

Builder's Exchange

Other (Please Specify) _____

Vendor Representative Signature: _____

Collierville Procurement Division Use:

RFSOQ Package Parts Distributed:

RFSOQ Directory Yes ___ No ___

Other _____ Yes ___ No ___

ADDENDUMS SENT/DATE (Attach Fax Confirmation)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Procurement Division Representative Signature: _____