

VENDOR ACKNOWLEDGMENT FORM



City of Corona

Vendor Acknowledgement Form (Services)

Project Description:	
Purchase Description:	
Staff Name:	
Department:	
Vendor Name:	
Vendor Contact Person:	
Vendor Phone Number:	
Vendor Email:	

Acknowledgement of Requirements

By signing below, the undersigned vendor acknowledges that they have received, reviewed, and can comply with the following requirements as applicable to the City of Corona's procurement and contracting policies.

- City's Standard Agreement
- Insurance Requirements
- Business License
- Bond Requirements (if applicable)
- Prevailing Wage Requirements (if applicable)

Certification

I certify that I am an authorized representative of the above-named vendor and that our company can meet all requirements indicated above.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____