Procurement Services
Department of Finance, Energy & Municipal Affairs
Province of Prince Edward Island

Company Name _____

Date _____

COMPANY INFORMATION SHEET

PEIGOV RFP/RFQ #	Company Reference Number:
	Head Office Address:
Quote Valid Until:	Postal Code:
	Toll Free Number:
	Telephone Number:
*Minimum Prepaid Shipment (If applicable):	Fax Number:
Invoice Terms:	Company Website Address:

ORDERING	SHIPPING
Address:	Address:
Postal Code:	Postal Code:
Contact Name:	Contact Name:
Toll Free Telephone Number:	Shipping Method:
Toll Free Fax Number:	Toll Free Telephone Number:
Telephone Number:	Toll Free Fax Number:
Fax Number:	Telephone Number:
Ordering E-mail Address:	Fax Number:
Emergency Contact Number:	Emergency Contact Number:

REPRESENTATIVE (TO FACILITIES)	CONTACT FOR TENDER INFORMATION
Name:	Name:
Address:	Title:
Postal Code:	Address:
Telephone Number (ext):	Postal Code:
Product Category/Area Serviced:	Telephone Number (ext):
E-mail address: Returned Goods Policy:	E-mail address: _____ Signature