

# TOLEDO ZOO Vendor Supplier Profile

The Toledo Zoo solicits, evaluates and awards vendor contracts for goods and services. The Zoo is looking to further establish vendor relations with minority and women-owned business resources. If your company is interested in being contacted directly by the Zoo for services, please complete and return this form. Fax or mail this completed profile to The Toledo Zoo.

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_ FIN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Years In Business: \_\_\_\_ No. of Employees: \_\_\_\_ Ave. Annual Sales (last 3 Years): \_\_\_\_\_

Brief description of your business: \_\_\_\_\_

Is your company MBE/WBE certified? If yes, by which organization(s) \_\_\_\_\_

What Service or Product(s) are you proposing to provide to the Zoo? \_\_\_\_\_

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### Professional References: (most recent first)

Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of service and/or product provided: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of service and/or product provided: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of service and/or product provided: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Date of Service: \_\_\_\_\_

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Are you insured? Yes No

Do you have a Drug-Free Workplace Program? Yes No

Are you an Equal Opportunity Employer? Yes No

**Please return completed form to:  
Toledo Zoo P.O. Box 140130  
Toledo, Ohio 43614-0801  
Fax: 419-389-8670  
Attn: Accounts Payable Department**