

**CITY OF ALLENTOWN  
PURCHASING DEPARTMENT  
435 Hamilton Street, Room 234  
Allentown, PA 18101**  
(Email) [purchasing.agent@allentownpa.gov](mailto:purchasing.agent@allentownpa.gov)

(P) 610-437-7624

(F) 610-437-7618

**VENDOR INFORMATION FORM**

Please type or clearly print all requested information.

FIRM NAME: \_\_\_\_\_

MAILING ADDRESS FOR BIDS/PROPOSALS:

MAILING ADDRESS FOR PAYMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

TYPE OF ORGANIZATION:  INDIVIDUAL     PARTNERSHIP     CORPORATION     NON-PROFIT CORPORATION

FEDERAL I.D. NO.: \_\_\_\_\_ OR SOCIAL SECURITY NO.: \_\_\_\_\_

IS THIS BUSINESS A:    MINORITY:     Yes     No

SMALL BUSINESS ENTERPRISE:     Yes     No

WOMEN BUSINESS ENTERPRISE:     Yes     No

HOW LONG IN BUSINESS? \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

DOLLAR VALUE OF ANNUAL SALES \$ \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

LOCAL REPRESENTATIVE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPECIFIC CLASS OF MATERIALS/SERVICES YOU SEEK TO FURNISH: (Attach line card if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME OF PERSON SIGNING FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PRODUCT MANUFACTURE LABOR STANDARDS  
VENDOR COMPLIANCE FORM**

BY ORDINANCE 13591, THE CITY OF ALLENTOWN IS PROHIBITED FROM PURCHASING, LEASING, RENTING OR TAKING ON CONSIGNMENT GOODS FOR RESALE AT CITY-OWNED ENTERPRISES WHICH WERE PRODUCED UNDER SWEATSHOP CONDITIONS.

THE CITY OF ALLENTOWN REQUESTS THE FOLLOWING INFORMATION CONCERNING THE PRODUCTS YOU INTENT TO PROVIDE TO THE CITY. THIS INFORMATION WILL ALLOW US TO DETERMINE YOUR PRODUCTS' COMPLIANCE WITH THE STANDARDS OUTLINED IN ORDINANCE 13591.

WE REQUIRE THAT YOU MAKE A GOOD FAITH EFFORT TO ASCERTAIN THE FOLLOWING ABOUT THE FACTORIES WHICH MANUFACTURE YOUR PRODUCTS AND THAT YOU WILL MAKE INFORMATION AVAILABLE TO US FOR INDEPENDENT VERIFICATION TO YOUR CLAIMS.

- A. CHILD LABOR. THE FACTORY DOES NOT EMPLOY ANYBODY YOUNGER THAN THE LEGAL AGE FOR CHILDREN TO WORK IN THE COUNTRY IN WHICH THE FACTORY IS LOCATED, AND REGARDLESS OF THE LEGAL AGE, DOES NOT EMPLOY ANYBODY YOUNGER THAN THE AGE 15.
- B. FORCED LABOR. THE FACTORY DOES NOT USE FORCED LABOR OF ANY KIND- PRISON LABOR, INDENTURED LABOR OR BONDED LABOR.
- C. WAGES AND BENEFITS. THE FACTORY PAYS A WAGE WHICH ENABLES ITS EMPLOYEES TO MEET THEIR BASIC NEEDS FOR FOOD, SHELTER, CLOTHING AND MEDICAL CARE AND TO SET ASIDE MONEY FOR FUTURE PURCHASES. THE FACTORY ALSO PROVIDES ALL BENEFITS REQUIRED BY LAW IN THEIR COUNTRY AND COMPENSATED WORKERS FOR OVERTIME.
- D. HOURS OF WORK. EMPLOYEES ARE NOT REQUIRED TO WORK MORE THAN 48 HOURS PER WEEK OR LESS IF THE LAW OF THE COUNTRY IN WHICH THE FACTORY IS LOCATED SETS A SHORTER WORK WEEK.
- E. WORKER RIGHTS. THE FACTORY IS A WORKPLACE FREE FROM PHYSICAL, SEXUAL OR VERBAL HARASSMENT. EMPLOYEES HAVE THE RIGHT TO SPEAK UP ABOUT CONDITIONS IN THE FACTORY WITHOUT FEAR OF RETALIATION AND HAVE THE RIGHT TO FORM UNIONS OF THEIR OWN CHOOSING WITHOUT EMPLOYER INTIMIDATION.
- F. HEALTH AND SAFETY. THE FACTORY PROVIDES A SAFE AND HEALTHY WORKING ENVIRONMENT.

THIS COMPLIANCE FORM MUST BE RESUBMITTED EVERY TWO YEARS ACCORDING TO THE SCHEDULE ASSIGNED YOU BY THE CITY. IF AT ANY TIME YOUR PRODUCTS ARE FOUND TO BE OUT OF COMPLIANCE WITH THESE STANDARDS, OR IF YOU REFUSE TO PROVIDE INFORMATION TO THE CITY FOR INDEPENDENT VERIFICATION OF THEIR COMPLIANCE, THE CITY RESERVES THE RIGHT TO TERMINATE THE CONTRACT FOR THOSE PRODUCTS.

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME OF PERSON SIGNING FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: COMPLETION OF THE VENDOR INFORMATION AND COMPLIANCE FORM  
DOES NOT PLACE YOU ON A BIDDER'S LIST.**