

ATTACHMENT B
RESPONDENT PROFILE FORM

This template must be used.

Contract Documents should be sent to:

Firm Name:	
Contact Person:	Title
Street:	
City, State, Zip:	
Phone:	Fax:
Web Address:	
E-Mail Address:	

Payments should be mailed to:

Firm Name:	
Contact Person:	Title:
Street:	
City, State, Zip:	
Phone:	Fax:
Do you accept Master Card?	Yes: _____ No: _____
Payment Terms:	
Federal Tax ID# or Social Security #:	MN State Tax ID#:
Signature of Authorized Agent:	Date: