

Provide the following information:

**General.** Offeror shall furnish the following information:

Permanent Office

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Dealership address (location  
car will be picked-up from):

\_\_\_\_\_

Offeror's Hawaii MVD License Number :

\_\_\_\_\_

**If payment will be made to a third party, Offeror shall furnish the following information:**

Payment address

(other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Office Hours: \_\_\_\_\_

\*\*If third party is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which payment will be made to:

\_\_\_\_\_