

# TAB 7

## Proposer

### Questionnaire

PROPOSAL SUBMITTAL FORM 4 - PROPOSER QUESTIONNAIRE

ANSWER ALL QUESTIONS THAT APPLY; IF A QUESTION DOES NOT APPLY, MARK N/A.

Business Name: Computer Network Systems D/B/A Computerlink.

Telephone Number: 787-250-5465

Fax Number: 787-250-0306

E-mail Address: [willie.morales@computerlink.cc](mailto:willie.morales@computerlink.cc) Web Site Address: [www.computerlink.cc](http://www.computerlink.cc)

Business Address: 262 Uruguay Street; Suite C-2 Altagracia Building

City: San Juan;

State: Puerto Rico;

Zip Code: 00917.

**BUSINESS INFORMATION**

Years in Business: 30.

Check the following as it applies to your Business:

- Public Corporation       Privately Held Corporation       Limited Partnership  
 Sole Proprietorship       Limited Liability Company  
 Manufacturer       Distributor       Service Proposer

Are you a subsidiary of another Company:  Yes  No; If Yes, name of parent:

List all companies with whom you have partial or complete ownership: Tech Lease ( Sister Company).

Check the following Business Classifications that apply to your firm, if any:

- Small Business Concern       Minority owned business       Woman owned business

Does your firm have EDI capabilities:  Yes  No

**OTHER OPERATIONAL INFORMATION**

Number hourly employees: Direct 16 Indirect 100

Number salary employees: Direct 9 Indirect 0

Normal work days: M, T, W, T, F; Normal work hours: 8:30AM – 5:30PM;

Does your firm have a Quality Assurance Program?  Yes  No.

Do you provide on-site technical support?  Yes  No.