

Industry Type: *Please attach all reference pages.*

## Vendor Registration Form

### Brief Company Introduction:

Company Name:		Contact:
Main Address:		
City:	ST:	Zip Code:
Phone:	Fax:	
Web page:	Email:	

### Name & Title of Owner, Corporate Officer or Authorized Representative

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### Name of Person(s) Authorized to Sign Bids:

Federal ID Number:

State Resell License Number:

State of Incorporation:

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### Organization Type:

Corporation	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>
Joint Venture	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>
L.L.C.	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Other	<input type="checkbox"/>

### Type of Business:

Manufacturer/Producer	<input type="checkbox"/>
Construction Concern	<input type="checkbox"/>
Service Dealer	<input type="checkbox"/>
Regular Dealer	<input type="checkbox"/>
R & D Company	<input type="checkbox"/>
Surplus Dealer	<input type="checkbox"/>
Other	<input type="checkbox"/>

### How long in business?

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#### Certified Enterprise:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

#### Certification Type

DBE \_\_\_\_\_ WBE \_\_\_\_\_ MBE \_\_\_\_\_

#### Cooperative Contract Number

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### List in Detail, Type of Product(s) & Service(s) Offered:

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Please complete the section below if your company would like to receive payment of invoices via ACH or Electronic Funds Transfer (EFT).

#### Payment information

Account Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Send ACH / EFT advice via email to \_\_\_\_\_

I certify that the information as listed above is correct to the best of my knowledge: \_\_\_\_\_ Date: \_\_\_\_\_