



Industry Type:

## Vendor Registration Form

*Please attach all reference pages.*

### Brief Company Introduction:

Company Name:	Contact:
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Main Address:		
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City:	ST:	Zip Code:
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Phone:	Fax:
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Web page:	Email:
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### Name & Title of Owner, Corporate Officer or Authorized Representative

### 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	
Proprietorship	
Joint Venture	
Non-Profit	
L.L.C.	
Partnership	
Other	

### Type of Business:

Manufacturer/Producer	
Construction Concern	
Service Dealer	
Regular Dealer	
R & D Company	
Surplus Dealer	
Other	

### How long in business?

#### Certified Enterprise:

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

Certification Type

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

Cooperative Contract Number

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

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: \_\_\_\_\_*