



Vendor Enrollment Application

Please print or type.

Today's date _____

Application number _____

Bid request sent to:

Company name _____

Contact _____

Address (Street or P.O. Box) _____

City, State, ZIP code _____

Telephone number () _____

Fax number () _____

E-mail address _____

Purchase orders mailed to:

() _____

() _____

Remittance address:

Company name _____

Contact _____

Address (Street or P.O. Box) _____

City, State, ZIP code _____

Telephone number () _____

Fax number () _____

E-mail address _____

Legal or contracting officer:

() _____

() _____

Taxpayer or Federal Employer Identification: (If you are an individual you will be required to submit a W-9 form upon request.)

Business classification: Corporation Subchapter S Partnership Individual

Are you certified as a minority, woman-owned business, or an historically underutilized business? Yes No

If yes, list certification number: State: _____ Number: _____

Please check the appropriate box:

- Black
- Asian American
- Small disadvantaged business
- Woman-owned business
- Hispanic
- American Indian
- Other (explain) _____

Do you accept purchase orders? Yes No

Do you accept credit cards? (Check all that apply) Visa Mastercard American Express

What are your payment terms? _____

I hereby certify that the above information is correct, true, and complete to the best of my knowledge.

Name _____ Title _____

Signature (required) _____

