



## VENDOR APPLICATION

Vendor Name
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Date
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Federal ID # \_\_\_\_\_ (Business) SS # \_\_\_\_\_ (Individual)

ORDER ADDRESS		REMIT ADDRESS	
Street		Street	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
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**Describe Nature of Business: (example Electrical Contractor)** \_\_\_\_\_

**Specify Type of Business:**

\_\_\_\_ Manufacturer      \_\_\_\_ Retail Dealer      \_\_\_\_ Service  
\_\_\_\_ Land Use/Planning      \_\_\_\_ Wholesale Dealer      \_\_\_\_ Architect/Engineer  
\_\_\_\_ Other (specify) \_\_\_\_\_

**MINORITY, WOMEN OWNED and DISABLED BUSINESS ENTERPRISE  
(MWBE)  
VENDOR INFORMATION**

To qualify for MWBE vendor status, 51% of the company must be owned and controlled by (single person or group), a minority or a woman. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women.

Disabled       Minority Business Enterprise       Women Business Enterprise