



VENDOR APPLICATION

Vendor Name

Date

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