

New Vendor Information

(*REQUIRED*)

IDENTIFYING INFORMATION:

*Name 1: (Max 40 Characters) _____

Name 2: (Optional-Will Not Print on Check) _____

Short Name: (Max 10 Characters) _____

Web Address: (Optional) _____

*1099 (Must check one): YES ___ NO ___

*Tax Identification Number or SS# (9 Characters) _____

LOCATION:

Description: _____ Ordering ___ Invoicing ___ Remitting ___

*Address _____

PHONE:

*Main Number: _____ Extension: _____

*FAX Number: _____ *E-Mail: _____

PAYMENT ALTERNATE NAMES: _____

SIC Codes and User Types **CHECK Applicable Box(es)**

USER CLASSIFICATION:		
<input type="checkbox"/> Authorized Distributor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Non-Minority Supplier
<input type="checkbox"/> Cert. Minority SubContractor	<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Partnership
<input type="checkbox"/> Construction Firm	<input type="checkbox"/> Minority Supplier:	<input type="checkbox"/> PO Vendor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Minority-African American	<input type="checkbox"/> Retail Dealer
<input type="checkbox"/> Factory Representative	<input type="checkbox"/> Minority-Asian American	<input type="checkbox"/> Service Firm
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Minority-Hispanic American	<input type="checkbox"/> Small Business
<input type="checkbox"/> Individually Owned Business	<input type="checkbox"/> Minority-Native American	<input type="checkbox"/> State Agency
<input type="checkbox"/> Jobber	<input type="checkbox"/> Minority-Pacific Islanders	<input type="checkbox"/> Surplus Dealer
<input type="checkbox"/> Local Supply Only	<input type="checkbox"/> Minority Vendor	<input type="checkbox"/> Woman Owned Business

***VENDOR CONTACT:** _____ **TITLE:** _____

*Vendor Signature: _____ Date: _____