



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	EMAIL ADDRESS	TELEPHONE	FAX NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe Nature of Business: (example Electrical Contractor) _____

Specify Type of Business:

Manufacturer Retail Dealer Service
 Construction 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. Please circle below which/if any applicable:

Disabled Minority Business Enterprise Women Business Enterprise