



VENDOR APPLICATION

Full Company Name: _____

Office Address: _____ Remittance Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Company Email Address: _____

Sales Representative: _____ Phone: _____ Fax: _____

Organization: Manufacturer Contractor Retail Distributor Other: _____

Invoice Terms: _____ Method of Delivery: _____

Customer Service Contact: _____

Please indicate the proper business classification for your company:

- Large Small Small-Disadvantaged Government Historically Black College
- Labor Surplus Area Woman Owned Woman Owned Small-Disadvantaged University
- Educational Black Small-Disadvantaged Black Woman Owned Small-Disadvantaged
- Non-Profit

Products/Services Offered: _____

National Companies/Brand Names Represented: _____

How Many Years in Business: _____

Do You Have a Business License: _____

Business References:

Firm Name	Address	City	State	Zip	Phone	Contact
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1. _____

2. _____

Provide a customer list with your application.

IT IS THE POLICY OF THE UNIVERSITY TO MAIL BIDS TO BUSINESSES ONLY, NOT TO THE COMPANY REPRESENTATIVES' HOME ADDRESSES.