



FOR OFFICE USE ONLY:

VI# _____

DOV _____ /By: _____

CI _____ /Date: _____

VENDOR REGISTRATION QUESTIONNAIRE
Please type or print

Company Name _____ Date _____

Physical Address _____ City _____ State _____ Zip _____

Remit to Address _____ City _____ State _____ Zip _____

(if different from physical)

Phone _____ Email Address _____

Accounting Contact _____ Phone _____ Email Address _____

Sales/Bids Contact _____ Phone _____ Email Address _____

Preferred method of payment: Check **OR** ACH Payments
(ACH authorization form required)

Prepared By: _____ Title _____ Phone _____ Email _____

Federal Id# _____ - _____ Social Security # (if applicable) _____ - _____ - _____

Form W-9, completed and attached (**Required**) Payment terms _____ (Net 30 unless otherwise stated)

Business License #: _____ Contractor's License #: _____ Discipline: _____

Does your company have 500 or more employees? YES NO

Primary Nature of Business: _____

THIS IS TO CERTIFY THAT THIS BUSINESS QUALIFIES AS (CHECK BELOW ALL THAT APPLY):

Minority Business Concern – A business at least 51% of which is owned (or, in the case of publicly owned businesses, at least 51% of the stock of which is owned) by one or more minority individuals or other individuals found to be disadvantaged by the Small Business Administration and whose management and daily operations are controlled by such individuals.

Check appropriate boxes below:

- African American
- Hispanic American
- Asian-Pacific American
- Native American (American Indian, Eskimo, Aleut)
- Veteran
- Male
- Female

Woman Owned Business Concern – A business that is at least 51% owned by a non-minority woman who controls the daily management.

CERTIFICATION STATUS

- My company is certified by an authorized agency. (attach certification copy)
- I herewith certify my status as a minority - or female-owned company.

Confirmed by MAWSS: _____

I acknowledge that I have read and understand the Supplier Diversity Policy

Signature: _____