



Dear Supplier,

If your company is not listed as an approved vendor with Mobile Area Water and Sewer System (MAWSS) and you wish to have the opportunity to do business with us, we ask that you please complete the attached form and include your W-9 Taxpayer Identification Number and Certification form. Return completed forms by any of the following three methods:

Mail to: MAWSS Purchasing Department,
P. O. Box 180249
Mobile, AL 36618-0249

Email to: lrussell@mawss.com.

We must have all information completed to list your company as a valid supplier of materials, supplies, and/or services. Incomplete forms cannot be accepted.

Attachments:

1. Page 1: Vendor Qualification Sheet:
Please classify your company accurately and claim “Minority” or “Women” owned (non-minority), ONLY if they apply. Inaccurate identification could result in your company being disqualified from doing business with MAWSS.
2. Page 2 – Federal Form W-9
This form must be filled out completely and accurately and on with us before payment can be remitted.

Upon receiving the completed forms, you will be added to our system as a potential supplier. If you have filled out supplier information for us previously, then your information should still be on file. Please feel free to contact me if you have any questions or if I can be of further assistance, at (251) 694-3162.

Sincerely,
Lisa Russell, Buyer II
Purchasing Department



FOR OFFICE USE ONLY:	
VI# _____	
DOV _____/By: _____	
CI _____/Date: _____	

VENDOR REGISTRATION QUESTIONNAIRE
Please type or print

Company Name			Date
Physical Address	City	State	Zip
Phone	Fax	Email address	
Remit to Address	City	State	Zip
<input type="checkbox"/> EFT Payments	<input type="checkbox"/> ACH Payments		
Prepared By:	Title	Phone	

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

Person to contact for quotes or bids: _____ Phone: _____

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:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Female |
| <input type="checkbox"/> Native American
(American Indian, Eskimo, Aleut) | |

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

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

I acknowledge that I have read and understand the DBE Policy

Confirmed by MAWSS: _____

Signature: _____