



VENDOR APPLICATION

751 E Brier Drive San Bernardino, CA 92408 ~ TELEPHONE (909) 890-0644 FAX (909) 890-2349

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Federal ID# or SS#: \_\_\_\_\_

Please complete and sign a W-9 form and submit with this application.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address to which payments and invoices are to be mailed if different from above:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Check type of ownership:

- Sole Proprietor: Owner's Name: \_\_\_\_\_ SS#: \_\_\_\_\_
Partnership Corporation Nonprofit Other: \_\_\_\_\_

If your firm has a parent company, what is the status of your firm (check one):

- N/A Division Subsidiary Authorized Agent

If your firm is a division or subsidiary, list full name of parent company: \_\_\_\_\_

Type of firm:

- Dealer Manufacturer Wholesaler Retailer
Distributor Service Construction Establishment

Providing:

- Materials/Supplies Services Construction Rent Other

List types of materials/supplies or services your company provides:

\_\_\_\_\_
\_\_\_\_\_

Section 3 Business Concern: Yes No

Racial/Ethnic Code:

- 1 - White Americans 2 - Black Americans 3 - Native Americans 4 - Hispanic Americans
5 - Asian/Pacific Islander Americans 6 - Hasidic Jews 7 - Women

INSURANCE: Vendors making deliveries or providing services on Housing Partners I, Inc. premises shall provide certificates of insurance and shall obtain endorsements naming the Housing Partners I, Inc. as additionally insured when requested by the Purchasing Department.

I certify that the information supplied herein is correct and that neither the applicant nor any person (of concern) in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by any public agency from quoting or furnishing materials, supplies or services to any agency thereof.

Signature

Date

\*W-9 form must be filed in our office to complete registration.