

THE HOUSING AUTHORITY OF THE CITY OF PRICHARD

CONTRACTOR/VENDOR APPLICATION FORM

(Please check or complete each item as required)

Date: _____

1. Vendor/Company

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Fax #: (____) _____

Contact Person: _____

2. Federal Identification # or SSN: _____

Terms of Payment: _____

3. How long have you been in business? _____

When was your company organized? _____

If a corporation, under The Laws of the State of: _____

What other names have you done business under in the past ten (10) years?

4. What type of business organization is your company?

A. Sole Proprietorship _____

B. Limited Partnership _____

C. Corporation _____

5. Is your Company Minority Owned? ____ Yes ____ No _____%

PLEASE INDICATE IN THE SPACE BELOW THE TOTAL NUMBER OF EMPLOYEES IN YOUR ORGANIZATION AND THE MINORITY CLASSIFICATION: (Please select one from each column)		
White ____	A - Asian Male Business ____	M - Minority ____
Black ____	AF - Asian Female ____	MB - MBE ____
American Indian ____	B - Black Male Business ____	W - Women ____
Hispanic ____	BF - Black Female Business ____	WB - Women ____
Asian Pacific ____	H - Hispanic Business ____	
Other ____	HF - Hispanic Female Business ____	
	I - Indian Business ____	

6. Have you or your organization ever been on the HUD list of debarred, suspended or ineligible contractors? _____ Yes _____ No

7. Please list three business references:

(1) Name: _____

Address: _____

City: _____ State: _____

Phone: () _____

Fax: () _____

(2) Name: _____

Address: _____

City: _____ State: _____

Phone: () _____

Fax: () _____

(3) Name: _____

Address: _____

City: _____ State: _____

Phone: () _____

Fax: () _____

8. Please complete, attach and return with this form a letter of introduction, a product line card, current price list, quantity discounts where applicable and a list of commodities or contracts that your company would like to be considered for or our qualified respondent's list.

If you have any questions, please contact (251) 456-1023.

CONTRACTOR/VENDOR INFORMATION

9. Company Name: _____

Please indicate below the classification of commodities or contracts that your company would be interested in providing to the Housing Authority of the City of Prichard. Attach a product listing, catalog or line card for products your company handles and return along with this application.
