|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Business Information:** | | | | | | | | **Vendor or EIN Number** |
| **Name of Business, Organization, or Name of Person—If payment is to an individual** | | | | | | | |
|  | | | | | | | |
| **Mailing Address for Payment:** | | | | | | | | |
| **City:** | | **State:** | | **Zip:** | | | **E-mail:** | |
| **Telephone No:** | **Fax No:** | | | | | **Toll Free No:** | | |
| **How Long in Business:** | **Federal Employment Identification Number:** | | | | | **Business SIC Code:** | | |
| **President/ General Manager** | | | | **Principal products and/or services offered:** | | | | |
| **Type of Ownership**  **O Corporation O Partnership O Limited Partnership**  **O Sole Proprietorship O Joint Proprietorship** | | | | | | | | |
| **Number Of Employee’s: Regular (Full Time):**    **Part-Time:** | | | | | | | | |
| **Account Contacts** | | | | | | | | |
| **Account Representative:** | | | **Phone:** | | **Email:** | | | |
| **Invoice Matters:** | | | **Phone:** | | **Email:** | | | |
| **Status (check all that allow)**  **If minority, What Status? O Black American O Hispanic American O Native American**  **O Asian American O Asian Pacific American O Hasidic Jews O MBE Certified**  **O Small Business O Women-Owned Business** | | | | | | | | |
| **Sign Below:** | | | | | | | | |
| **Signature of Authorized Representative of Vendor:** | | | | **Date:** | | | | |
| **If the vendor will be supplying goods and/or services through a HACS Purchase Order, by signing immediately above the vendor hereby agrees to HACS’s Terms and Conditions applicable to Purchase Orders. A copy of the Terms and Conditions is available upon request by calling (318) 253- 9256 ext. 1.** | | | | | | | | |
| **Return this form to: Housing Authority of the City of Marksville**  **100 N. Hillside Dr.**  **P.O. Box 69**  **Marksville, La 71351** | | | | | | | | |

A Fair Housing and Equal Employment Opportunity Agency