|  |  |
| --- | --- |
| **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