

HOUSING AUTHORITY
OF THE CITY OF ELKHART

COMPREHENSIVE IMPROVEMENTS DEPARTMENT

VENDOR APPLICATION
Vendor Diversity Program

1396 Benham Avenue, Elkhart, IN 46514
Fax # (574-522-3682)

Please complete the requested information as completely as possible and return to:

For internal purposes only: Vendor Number: _____	
Name of Company: _____	
Address: _____ _____	
Telephone: () _____	Fax: () _____
Email Address: _____	
Contact Person: _____	
Agent/remit to: _____ (if different from above)	
Do you provide a product [] a service [] or both []?	
Products/Services Provided: _____	
Payment Terms: _____	NAIC Code(s): _____
Discounts Offered: _____	
Controlling Interest (at least 51 %) held by:	
_____ Asian Female (AF)	_____ Hispanic Female (HF)
_____ Asian Male (AM)	_____ Hispanic Male (HM)
_____ African-American Female (BF)	_____ Native American Female (NF)
_____ African-American Male (BM)	_____ Native American Male (NM)
_____ Caucasian Female (CF)	_____ Other/Female (OF)
_____ Caucasian Male (CM)	_____ Other/Male (OM)
(OVER)	

Type of Business:

Non-Manufacturing _____
Manufacturing _____
Construction _____
Professional Service _____

Type of Entity:

Corporation _____
Individual _____
Non-Profit _____

Company Officers

Title

% Ownership

_____	_____	_____
_____	_____	_____
_____	_____	_____

Federal I.D. # or Social Security #: _____

Types of Licenses Held: _____

Contractor's and/or Business License Number: _____ Type _____

Bonding Agent: _____ Bonding Amount _____

Insurance Company: _____ Insurance Amount _____

Agent: _____ Expiration Date _____

Has firm previously been certified as a minority-owned and/or woman-owned business enterprise?
_____ Yes _____ No

Name of Certifying Agency _____ (Attach copy of Certification)

This information provided is hereby certified as correctly based on facts available as of this date.

Signature

Title

Date

Printed Name