

# VENDOR INFORMATION SHEET

☐ New

☐ Change

Vendor # \_\_\_\_\_ Date \_\_\_\_\_

Vendor Name \_\_\_\_\_

Vendor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone 1 \_\_\_\_\_ Alt Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

## REMIT TO ADDRESS:

Address #1 \_\_\_\_\_ Address #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Website \_\_\_\_\_ Email Address \_\_\_\_\_

COMMENTS \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Are you a DBE? \_\_\_\_\_ Written By \_\_\_\_\_

Tax ID # \_\_\_\_\_ Date Business Started \_\_\_\_\_

NAICS Code \_\_\_\_\_

DUNS # \_\_\_\_\_ DBE Expiration Date \_\_\_\_\_

Annual Gross Receipts for business \_\_\_\_\_  
(average over past 3 years)

## CERTIFIED DBE:

41 = Black American Male

42 = Hispanic American Male

43 = Native American Male

44 = Other Male

45 = Asian Pacific American Male

46 = Subcontinent Asian American Male

47 = Designated SBA Male

51 = Black American Female

52 = Hispanic American Female

53 = Native American Female

54 = Other Female

55 = Asian Pacific American Female

56 = Subcontinent Asian American Female

57 = Designated SBA Female

58 = Female

Will Vendor come on MTS' Property at any time? ☐ Yes ☐ No

If YES, Purchasing Agent will Need to obtain a Certificate of Liability Insurance (COI)