|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In order for us to establish you as a vendor with the Everett Housing Authority, the following information is required: | | | | | | | | | | | | | |
| Company Name: | | | |  | | | | | | | | | |
| Billing Address: | | | |  | | | | | | | | | |
| City State Zip: | | | |  | | | | | | | | | |
| Location Address:  (if different than the billing address) | | | |  | | | | | | | | | |
| City State Zip: | | | |  | | | | | | | | | |
| Phone: | | | | | | | | Fax: | | | | | |
| Contact Person: | | | |  | | | | | | | | | |
| Email Address: | | | |  | | | | | | | | | |
| Federal ID # | |  | | | | | | | Are you incorporated? Yes No (Circle one) | | | | |
| Contractor’s License Number (if applicable) | | | | | | |  | | | | | | |
| Unified Business ID # (UBI) Washington State Only: | | | | | | | | | | |  | | |
| 🞏 City of Everett Business License, check box if attached  🞏 OR will provide copy if awarded contract | | | | | | | | | | | | | |
| 🞏 Please attached current W-9 form, check box if attached. | | | | | | | | | | | | | |
| Are you a minority contractor? Yes No | | | | | | | | | | | | | |
| On what basis are you a minority contractor? Please select one of the following: | | | | | | | | | | | | | |
| 1 | 2 | | 3 | | 4 | 5 | | | | 6 | | 7 | 8 |
| Caucasian | Black | | Native American | | Hispanic | Asian Pacific | | | | Hasidic Jew | | Woman | Other; Please describe: |
| * If you are a woman owned business, please also circle the ethnicity. | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| EHA Use only | |
| Vendor Number |  |
| 1099 Yes/No |  |
| Date |  |

