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| 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.
 |

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

