



# HOKE COUNTY SCHOOLS

## Vendor Application

Federal ID# or Social Security # must be provided before payment can be made.

Federal ID / SSN \_\_\_\_\_ Are you Incorporated? \_\_\_\_\_

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

Purchase Order Address:  
 Street \_\_\_\_\_  
 Apt # \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Address:  
 Street \_\_\_\_\_  
 Apt # \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Person \_\_\_\_\_  
 Customer Service Number \_\_\_\_\_  
 Ordering Fax Number \_\_\_\_\_  
 Contractor's License # (if applicable) \_\_\_\_\_

**Signature** \_\_\_\_\_

*This firm certifies that it is a: (if applicable)*

Women Business Enterprise	Minority Business Enterprise	Disabled Business Enterprise
<input type="checkbox"/> African American	<input type="checkbox"/> African American	<input type="checkbox"/> African American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Native Amer/Indian	<input type="checkbox"/> Native Amer/Indian	<input type="checkbox"/> Native Amer/Indian

*\*To qualify for WBE/MBE, 51% of the company must be owned and controlled by women or minority groups.*