VENDOR APPLICATION FORM

Application Date:	

Company Name:		DBA:	
Contact Name:		E-Mail Address:	

Physical Address		Phone Number:	
		Fax Number:	
Remit To Address:		Website/URL:	

REFERENCES

(List three references of companies for whom you have performed services or provided products in the past.)

Company Name:		Phone Number:	
Contact Name:		E-Mail Address:	

Company Name:		Phone Number:	
Contact Name:		E-Mail Address:	

Company Name:		Phone Number:	
Contact Name:		E-Mail Address:	

DVBE/WBE STATUS *Optional

If your company is considered or listed by a federal status as DVBE or WBE, please indicate below

☐ Minority Owned Business Enterprise ☐ Disabled Veteran Owned Business Enterprise ☐ Woman Owned Enterprise

We are registered as such with (agency name): _____

ADDITIONAL INFORMATION

If required, please list any additional licensing, State or Federal information

STATE CONTRACTOR LICENSE:		**DIR NUMBER:**	
LICENSE TYPE:		**OTHER** (please specify):	

Please check all applicable types of Goods and Services that your company provides:

☐ Adaptive/Therapy: Equipment
☐ Adaptive/Therapy: Supplies
☐ Audio/Visual Equipment/Supplies
☐ Books
☐ Construction: General
☐ Construction: Management
☐ Construction: Trade (specify) _____
☐ Document Storage: Microfilm/fiche
☐ Duplication: Equipment
☐ Duplication: Services (Printing)
☐ Furniture: Classroom
☐ Furniture: Office
☐ Janitorial/Custodial Supplies
☐ Janitorial/Custodial Services
☐ Medical/Health: Supplies/Equip.
☐ Paper Goods/Products Office
☐ Repair Services (specify below)
_____
_____
_____
☐ Technology: Equipment
☐ Technology: Data Processing/Storing
☐ Technology: Software/Services

☐ Other Products/Services (Specify): _____

☐ I am a contractor specializing in: _____

Please email completed form to Angelo Flores, Purchasing and Warehouse Tech. - Angelo_Flores@cry-rop.org