

# Vendor Registration Form

**Type of registration:**                      New Vendor                      Current Vendor                      Date

Legal Company Name:

Doing Business As (DBA) Name (if applicable):

Parent Company Name (if applicable):

Company Website (not mandatory):

**Ownership Type (check one):**

- |                                 |                |
|---------------------------------|----------------|
| C Corporation                   | Government     |
| S Corporation                   | Trust/Estate   |
| LLP                             | Non-Profit     |
| LLC Individual /Sole Proprietor | Other: Specify |

Corporate Address:

DUNS Number:

**Contact Information:**

**Primary:**

First Name & Last Name:

Contact Title:

Email Address:

Phone Number:

**Signatory Authority:**

First & Last Name:

Title:

Email Address:

Phone Number:

**Submitted by:**

Name:

Title:

Date:

Signature: