

Supplier Name: _____	
Primary Contact Name/Title: _____	
Email Address: _____	Web Address: _____
Phone: _____	Fax: _____

ADDRESS INFORMATION:

<p>Physical:</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Mailing: (Check if same as Physical ____)</p> <p>Address/PO Box: _____</p> <p>City: _____ State: _____ Zip: _____</p>
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COMPANY INFORMATION:

D&B Number: _____ Federal Tax ID/Social Security Number: _____	
Company Structure (Please circle one): Sole Proprietorship Partnership Corporation Joint Venture	
Year Established: _____ Number of Employees: _____	
Service Area (Please circle one): Local Regional National	
Product/Service Description: _____	

Current Year Sales: \$ _____ Last Year Sales: \$ _____ Previous Year Sales: \$ _____	

CERTIFICATION INFORMATION:

Please check all that apply:	
Certification Type	Certification Organization
<input type="checkbox"/> Women Business Enterprise (WBE)	<input type="checkbox"/> City of _____
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> State of _____
<input type="checkbox"/> Woman-Owned Small Business (WOSB)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Small Disadvantaged Business Enterprise (SDBE)	<input type="checkbox"/> California Public Utility Commission
<input type="checkbox"/> Small Business Enterprise (SBE)	<input type="checkbox"/> US Small Business Administration - City: _____
<input type="checkbox"/> Historically Underutilized Business Zone (HUB Zone)	<input type="checkbox"/> NMSDC - Council: _____
<input type="checkbox"/> Historically Underutilized Business (HUB)	<input type="checkbox"/> WBENC - Council: _____
<input type="checkbox"/> Veteran Owned Small Business (VOSB)	
<input type="checkbox"/> Disabled Veteran Owned Small Business (DVOSB)	
<input type="checkbox"/> Disadvantage Business Enterprise (DBE)	
For each certification checked above, please fill in the following information:	
1. Organization: _____	Certificate Number and Expiration Date: _____
2. Organization: _____	Certificate Number and Expiration Date: _____
3. Organization: _____	Certificate Number and Expiration Date: _____

Please mail or fax completed form with copies of certificate to: 1510 Polk Street, Houston, TX 77002. Fax: 713-758-7358