

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

ADDRESS INFORMATION:

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

D&B Number: _____ Federal Tax ID/Social Security Number: _____
 Company Structure (Please select one): Sole Proprietorship Partnership Corporation Joint Venture
 Year Established: _____ Number of Employees: _____
 Service Area (Please select 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
Women Business Enterprise (WBE)	City of _____
Minority Business Enterprise (MBE)	State of _____
Woman-Owned Small Business (WOSB)	Other _____
Small Disadvantaged Business Enterprise (SDBE)	California Public Utility Commission
Small Business Enterprise (SBE)	US Small Business Administration - City: _____
Historically Underutilized Business Zone (HUB Zone)	NMSDC - Council: _____
Historically Underutilized Business (HUB)	WBENC - Council: _____
Veteran Owned Small Business (VOSB)	
Disabled Veteran Owned Small Business (DVOSB)	
Disadvantage Business Enterprise (DBE)	

For each certification checked above, please fill in the following information:

- Organization: _____ Certificate Number and Expiration Date: _____
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Please mail or fax completed form with copies of certificate to: 1510 Polk Street, Houston, TX 77002. Fax: 713-758-7358