

# VENDOR PROFILE FORM



**Federal Exempt Entity #72-6000537**

<b>General Business Information:</b>			<b>For HACS Use Only:</b>
Name of Business, Organization, or Name of Person (if payment is to an individual):			Vendor No.
Mailing Address for Payments:			
City:	State:	Zip:	E-Mail Address:
Telephone No.:	Fax No.:		Toll Free No.:
How Long in Business:	Federal Employment Identification Number:		Business SIC Code:
President/General Manager		Principal products and/or services offered:	
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Proprietorship			
Number of Employees: Regular (Full Time): _____ Part-Time: _____			
Account Contacts			
Account Rep:		Phone:	Email:
Invoice Matters:		Phone:	Email:
Status (check all that apply) If minority, What Status? <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hasidic Jews <input type="checkbox"/> MBE Certified <input type="checkbox"/> Small Business <input type="checkbox"/> Women-Owned Business			
<b>SIGN BELOW:</b>			
Signature of Authorized Representative of Vendor:			Date:
If the vendor will be supplying goods and/or services through an HACS Purchase Order, by signing immediately above, the vendor hereby agrees to HACS's Terms and Conditions applicable to Purchase Orders. A copy of the Terms and Conditions is available upon request by calling (318) 227-2748.			
Return this form to   ➞      Housing Authority of the City of Shreveport <p style="text-align: center;">Purchasing Department                  2831 Southern Avenue                  Shreveport, LA 71104</p>			