



Vendor Registration Form

This Contractor/Vendor registration form is for all contractors and vendors to fill out who request to do business with the Spartanburg Housing Authority.

COMPANY NAME: _____

TYPE OF BUSINESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT NAME: _____ **TELEPHONE #** _____

CELL # _____ **FAX #** _____

Contact Email address: _____

FEIN: _____ **OR SSN:** _____

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OWNER ETHNIC/RACE (CHECK ONLY ONE)

___ **WHITE AMERICAN** ___ **AFRICAN AMERICAN** ___ **NATIVE AMERICAN**

___ **HISPANIC** ___ **ASIAN/PACIFIC AMERICAN**

Men's Minority Business Enterprise _____ **Women's Business Enterprise** _____

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COMPLETED BY: _____ **DATE:** _____

Contractor Signature

By typing your name you are agreeing to the information provided to Spartanburg Housing Authority.