



The Housing Authority of the City of **8U1cbU6YUW**

Equal Opportunity Housing

411 P0TH i gy qqf Avenue. 'Uwlg'522, 'F c{ vqpc'Dgcej , Florida 34316

Office (5: 8)'475-7875 • ''VV['5: 8+474/8695 • Fax (5: 8)'477-4358

Vendor Application

Before we can create an account for your business in our system, please COMPLETELY fill out the requested information and the attached W-9 in BLUE INK. The ORIGINAL form must be submitted to Daytona Beach Housing Authority.

Date:										
Company:										
Street Address:										
Mailing Address:										
Remittance Address: (if different)										
City, State, Zip:										
Phone Number:										
Contact Person:										
Title:										
Phone:	Cell / Pager:									
Fax:										
Email Address:										
Website:										
Payment Terms: _____										
<i>(Note: It will be assumed that terms are Net 30 unless indicated differently)</i>										
Basic Service Provided:										
Applicable discounts:										
Minority Status: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White American</td> <td><input type="checkbox"/> Native American</td> <td><input type="checkbox"/> Female Owned Business</td> </tr> <tr> <td><input type="checkbox"/> Black American</td> <td><input type="checkbox"/> Hispanic American</td> <td><input type="checkbox"/> Black Female Owned Business</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Asian/Pacific American</td> <td><input type="checkbox"/> Other : _____</td> </tr> </table>		<input type="checkbox"/> White American	<input type="checkbox"/> Native American	<input type="checkbox"/> Female Owned Business	<input type="checkbox"/> Black American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Black Female Owned Business		<input type="checkbox"/> Asian/Pacific American	<input type="checkbox"/> Other : _____
<input type="checkbox"/> White American	<input type="checkbox"/> Native American	<input type="checkbox"/> Female Owned Business								
<input type="checkbox"/> Black American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Black Female Owned Business								
	<input type="checkbox"/> Asian/Pacific American	<input type="checkbox"/> Other : _____								
Federal Identification Number or Social Security Number:										
Does any employee in your firm hold an elective or appointed office in the City of Fort Pierce or the Fort Pierce Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you been debarred from HUD? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<i>Internal Accounting Use Only</i>	<i>Date Entered</i>	<i>Entered by</i>	<i>Department/Area for Services</i>
Vendor number: _____	_____	_____	_____

I verify that the information presented on this application is correct and complete.

Signature of vendor: _____

