

201 Belmont Ave. Toledo, OH 43604 419-259-9465 Procurement@lucasmha.org

## CONTRACTOR /VENDOR REGISTRATION FORM Vendor Profile Application Form

Thank you for your interest in doing business with the Lucas Metropolitan Housing Authority. Please complete the registration form in its entirety and attach the following:

☐ Most recent W-9 form					
☐ A valid Certificate of Insurance with a General Li	ability amount of a minimum of \$1 million				
☐ A valid Ohio Bureau of Worker's compensation	Coverage Certificate (BWC) if applicable				
Registration Type	☐ Name/Address Change				
Company Name:					
Company Address:					
Company Address.					
Mailing Address if different than above:					
Telephone Number including area code:	Fax Number including area code:				
Email Address:	Email Address for Purchase Orders:				
Linuii / Idai essi	Entail Address for Faronase orders.				
Type of Firm:					
□Service □ Construction □ Distributor	□Other				
Organizational Information:					
Type of Ownership	Tax Identification Number:				
□Sole Proprietor					
□Partnership	1099 Required: Y/N?				
□Corporation					
President/Owner/Partner:	Telephone Number & Email Address:				
Bidding/Quote Contact (Name & Title):	Telephone Number & Email Address:				
Primary Goods & Services provided:					
Do you use subcontractors?					
If so, when?					
Additional Information:					

Minority/Women/Disadvantaged Business Enterprise /EDGE Status					
	□ NA	□ МВЕ	☐ WBE	□DBE	☐ EDGE
Please attach your firm's most recent certification letter(s).					
If MBE, what type (African American/Black, Hispanic, Asian, Native American ):					