

**THE CATHOLIC UNIVERSITY OF AMERICA
ACCOUNTS PAYABLE & PURCHASING DEPARTMENTS
WASHINGTON, DC 20064**

APPLICATION FOR VENDORS

1. Legal Business Name _____

2. Address _____

(Number and Street)

(City)

(State)

(Zip Code)

Phone _____ Fax _____

3. Fed Tax ID/Social Security Number _____

4. Tax Status: Individual _____ Sole Proprietor _____ Partnership _____

Corporation _____ Tax Exempt Charity Under 501(a) _____

5. Ownership Classification (Check One or More)

The University identifies vendors by kind of ownership for statistical purposes required in program evaluation. Ownership type refers to the person(s) or entity having at least a fifty-one percent (51%) controlling interest in the firm. If your organization is not minority-owned or women-owned, it will be considered majority-owned.

Government _____ Minority Owned _____

Women Owned _____ Majority Owned _____

6. Full - Time Employees _____

7. Time In Business _____

8. Contact Name _____ Phone _____

9. Authorized Signature

I certify under penalty of perjury that the above information is correct.

Name

Title

Signature

Date