

Vendor/Contractor Information Form

Bidding Firm Name: _____

Business Name (e.g., Corp., Inc., Co., T/A, DBA, etc.)

Federal Tax Identification No./SS#: _____

Street Address: _____

City and State: _____ Zip Code _____

Business Phone: (Toll Free #, if applicable) _____ Date: _____

Fax Number: _____ Terms of Payment: _____

Contact Name and Title: Mr. Mrs. Ms _____

Email Address: _____

Website Address, if available: _____

Registration # Issued by the MD Dept. of Assessment and Taxation*: _____

(*See Section 1.13 Corporation
Registration)

Name and address of any affiliated company providing goods or services under the Agreement: _____

In accordance with the County Code, Article 8-2-120, please list any affiliation with a County employee(s) or official(s). **Include name and type of affiliation** (i.e., relative, business associate, etc.). *(Write "none" if there are no affiliations.):*

- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____
- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____
- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____

Does your firm qualify as a Minority Business Enterprise? Y or N

MBE Designations Black Male Black Woman Women Asian Hispanic None

Printed Name and Title of Agent: Mr. Mrs. Ms _____

Signature of Agent*: _____ DATE: _____