



## City of Bloomington Utilities Vendor Registration Form

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Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Company's Web Site(s): \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Name of SSN Owner \_\_\_\_\_

Organization Type: Sole Owner  Corporation  S-Corp.

State of Incorporation? \_\_\_\_\_ Nonprofit? Yes No

Domestic/Foreign Owned? \_\_\_\_\_

Is your company owned by a parent company? Yes No

Parent Company Name \_\_\_\_\_

Parent Company Address \_\_\_\_\_

Parent Company Tax ID \_\_\_\_\_

Are you: Small Business?  Minority-Owned Business?  Veteran-Owned Business?

Women-Owned Business?  Veteran Disabled-Owned Business?

Certifications: 8a Certified?  Minority?  Women-Owned?

Does your company accept credit cards? Yes No

Products/Services (short narrative): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please remit this form to:

**City of Bloomington Utilities  
Purchasing Dept.  
PO Box 1216  
Bloomington, IN 47402-1216**

*If you have any questions please contact the Purchasing Department at 812-349-3670*