Vendor Application Form

Procurement & Contract Services
PO Box 4638
Clarksville TN 37044
www.apsu.edu/procurement
Fax application to (931) 221-6300 or email to appurchasing@apsu.edu

1. Company Name & Bid Address	2. Address to which payments are to be mailed (if same as #1, leave blank)
3. Telephone	4. Telephone (toll free)
5. Fax	6. Name & email of Contact Person
7. Email or fax to send purchase orders	8. Company URL
9. Federal Identification Number (FEIN)	10. Social Security Number (if no FEIN)

11. Type of Organization (Check one)
 	
    Individual   Partnership
    Corporation   Non-Profit Org
State of Incorporation:
Year of Incorporation:
	12. Kind of Ownership (Check all that apply)
	
	    Govt. (GO) Minority
	    Non-Profit (NO) Woman (WO)
	    Majority (MJ) Small (SM)
	    Service-Disabled Veteran (DV)

13. Minority Ethnicity code (Check One)
 	
    African American (MA)
    Native American (MN)
    Hispanic American (MH)
    Asian American (MS)
    Other Minority (MO)   Specify: _____
	14. Annual Gross Sales (Check One)
	
	    $0—$499,999
	    $500,000—$749,999
	    $750,000—$999,999
	    $1,000,000—$1,999,999
	    $2,000,000 and over

15. Type of Business (Check One):	16. Number of Employees:

Agriculture, Forestry, & Fishing   Medical/Healthcare
Architectural/Design/Engineering   Service Industry
Finance, Insurance & Real Estate   Mining
Construction   Retail Trade
Educational   Wholesale Trade
Manufacturing   Transportation,
Marketing/Communications/   Commerce & Utilities
   Public Relations   Information Systems/Technology
	17. Are you excluded or banned from Federal Procurement or Nonprocurement Programs:
	            Yes No

	18. Preference for reporting purposes:
	    Small Minority Woman-Owned
	    Service-Disabled Veteran

19. Commodities: Please provide the three-digit (3) NGIP commodity codes for goods and/or services for which your company would like to be provided bid opportunities.

21. Certification: I hereby certify that I am an authorized representative of the above company and that all the information as complet-ed above is accurate and true.

_____

Authorized Signature   Title   Date