



**Vendor Registration Form**

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**This Contractor/Vendor registration form is for all contractors and vendors to fill out who request to do business with the Spartanburg Housing Authority.**

**COMPANY NAME:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

**CELL #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**Contact Email address:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **OR SSN:** \_\_\_\_\_

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**OWNER ETHNIC/RACE (CHECK ONLY ONE)**

\_\_\_\_ **WHITE AMERICAN**    \_\_\_\_ **AFRICAN AMERICAN**    \_\_\_\_ **NATIVE AMERICAN**

\_\_\_\_ **HISPANIC**            \_\_\_\_ **ASIAN/PACIFIC AMERICAN**

**Men's Minority Business Enterprise** \_\_\_\_\_      **Women's Business Enterprise** \_\_\_\_\_

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**COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Contractor Signature**

**By typing your name you are agreeing to the information provided to Spartanburg Housing Authority.**