



Vendor Registration Form

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: _____

=====

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.