



**Contractor/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:** \_\_\_\_\_

**DUNS # (if applicable)** \_\_\_\_\_ **CONTRACTOR LISC. # (if applicable)** \_\_\_\_\_

**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/Vendor Signature**

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