



VENDOR INFORMATION FORM

VENDOR NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

OUR ACCOUNT NUMBER WITH YOU _____

MAILING/REMITTANCE ADDRESS (IF DIFFERENT THAN ABOVE)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

TAX IDENTIFICATION NUMBER _____

PLEASE CIRCLE ONE- CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP/INDIVIDUAL EXEMPT (TYPE _____) OTHER _____

IF YOU POSSESS GENERAL LIABILITY/WORKER'S COMPENSATION, PLEASE INCLUDE A COPY OF THE CERTIFICATE. IF YOU DO NOT, PLEASE SIGN THE FOLLOWING STATEMENT:

I, _____, DO NOT POSSESS GENERAL LIABILITY/WORKER'S COMPENSATION AND AM UNABLE TO PROVIDE YOU WITH A CERTIFICATE.

SIGNATURE:

DATE:

CONTACT INFORMATION (IF MULTI CONTACTS AND LOCATIONS, PLEASE ATTACH LISTING FOR EACH)

NAME _____ TITLE _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

ARE YOU A MINORITY OWNED BUSINESS? PLEASE CIRCLE YES NO

IF YES, ETHNICITY _____ GENDER _____

ARE YOU REGISTERED WITH THE CITY OF HOUSTON AS A MINORITY OWNED BUSINESS? YES NO

(THIS INFORMATION IS VITAL FOR HOUSTON GRAND OPERA'S GRANT APPLICATION PROCESS)

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

PAYMENT TERMS _____

DISCOUNTS AVAILABLE (PLEASE LIST TERMS) _____

DO YOU MAIL (PLEASE PROVIDE "YES/NO" FOR EACH):

INVOICES _____ STATEMENTS _____ HOW OFTEN? _____

PLEASE LIST THE TYPE OF SERVICE/PRODUCTS PROVIDED:

