

<b>Supplier Name:</b> _____	
<b>Primary Contact Name/Title:</b> _____	
<b>Email Address:</b> _____	<b>Web Address:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____

**ADDRESS INFORMATION:**

<p><b>Physical:</b>                  Street Address: _____                  City: _____ State: _____ Zip: _____</p>	<p><b>Mailing: (Check if same as Physical )</b>                  Address/PO Box: _____                  City: _____ State: _____ Zip: _____</p>
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**COMPANY INFORMATION:**

D&B Number: _____ Federal Tax ID/Social Security Number: _____
Company Structure (Please select one): Sole Proprietorship   Partnership   Corporation   Joint Venture
Year Established: _____ Number of Employees: _____
Service Area (Please select one): Local   Regional   National
Product/Service Description: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Current Year Sales: \$ _____ Last Year Sales: \$ _____ Previous Year Sales: \$ _____

**CERTIFICATION INFORMATION:**

Please check all that apply:	
Certification Type	Certification Organization
Women Business Enterprise (WBE)	City of _____
Minority Business Enterprise (MBE)	State of _____
Woman-Owned Small Business (WOSB)	Other _____
Small Disadvantaged Business Enterprise (SDBE)	California Public Utility Commission
Small Business Enterprise (SBE)	US Small Business Administration - City: _____
Historically Underutilized Business Zone (HUB Zone)	NMSDC - Council: _____
Historically Underutilized Business (HUB)	WBENC - Council: _____
Veteran Owned Small Business (VOSB)	
Disabled Veteran Owned Small Business (DVOSB)	
Disadvantage Business Enterprise (DBE)	
For each certification checked above, please fill in the following information:	
1. Organization: _____	Certificate Number and Expiration Date: _____
2. Organization: _____	Certificate Number and Expiration Date: _____
3. Organization: _____	Certificate Number and Expiration Date: _____

Please mail or fax completed form with copies of certificate to: 1510 Polk Street, Houston, TX 77002. Fax: 713-758-7358