



Vendor Application

Company Information:

Company Name: _____ Date: _____

Address: _____ Phone _____

City: _____ State _____ Zip Code _____

Company Representative: _____ Email: _____

Give a brief description of products and services _____

Will your company accept CR- SDC purchase orders? Yes No

CR-SDC pays Net 30 Acceptable Yes No

How long has your company been in business? _____

Federal Tax ID# _____

Before any work can begin CR-SDC must receive a certificate of insurance (if applicable).

References:

Please submit a minimum of two letters of reference along with this application.

Certified by:

- Wisconsin Department of Development
- State of Wisconsin
- Chamber of Commerce (Which?) _____
- Other _____
- Certified Minority (Please attach certification with application)**

Business Classification:

In accordance with government regulations, CR-SDC is required to verify your business classification. Please check the appropriate box that best classifies your company.

Large Business

Small Business

Asian

Native American

African American

Hispanic

Minority: Male

Female

Women Owned

Yes

No

Debarment and Suspension:

Signature below acknowledges vendor identified on application has not been suspended, debarred, declared ineligible, or voluntarily excluded from eligibility by any Federal department or agency.

Vendor's Authorized Representative Signature and Title

Date

CR-SDC does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

It is the policy of CR-SDC to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.