



# VENDOR APPLICATION

Please complete this form in its entirety and return as soon as possible as failure to return the form may restrict your ability to bid on materials, equipment, and/or services. If you would like to attach a line card or capability statement, please return with your completed application. No goods should be delivered or services completed without an approved purchase order.

## GENERAL BUSINESS INFORMATION

Company Name \_\_\_\_\_  
 Alternate Name (DBA) \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_  
 Tax Identification # (SSN or FEIN) \_\_\_\_\_  
 Please attach the most current version of the W-9 or W-8BEN-E form with this application. Is the form attached?  
 Yes  No

### Business Classification (check all that apply)

Veteran Owned Business (VBE)  Small Business (SMB)  Minority Owned Business (MBE)  HubZone   
 Women Owned Business (WBE)  Minority Women Owned (MWE)  Other \_\_\_\_\_   
 Certification Date \_\_\_\_\_ Withholding Tax Code \_\_\_\_\_  
 NAICS Code \_\_\_\_\_ CAGE Code \_\_\_\_\_

### Company is legally established as a:

Corporation  State of Incorporation \_\_\_\_\_ Incorporation Date \_\_\_\_\_  
 Partnership  Partner(s) Names \_\_\_\_\_  
 Joint Venture  Partner(s) Names \_\_\_\_\_  
 Proprietorship  Owner Name \_\_\_\_\_  
 Other  Specify \_\_\_\_\_

Is your company licensed to do business in the State of Alabama? Yes  No  Cert # \_\_\_\_\_  
 Is your company licensed to do business in the City of Huntsville? Yes  No  Cert # \_\_\_\_\_  
 Is your company licensed to do business in Madison County? Yes  No  Cert # \_\_\_\_\_  
 Is company owned or controlled by a parent company? Yes  No

If yes, complete the following:

Name of Parent Company \_\_\_\_\_  
 Address of Parent Company \_\_\_\_\_  
 Relationship to Parent Company \_\_\_\_\_ Subsidiary  Division

## SALES CONTACT INFORMATION

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_



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## REMITTANCE INFORMATION (if different from above)

Name of Contact Person \_\_\_\_\_  
 Title of Contact Person \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Payment Terms 2% 10 days  Net 30 days  Other \_\_\_\_\_

## TYPE OF SERVICE OR PRODUCT

Materials: Electric	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Water	<input type="checkbox"/>	Fiber	<input type="checkbox"/>
Equipment: Electric	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Water	<input type="checkbox"/>	Fiber	<input type="checkbox"/>
Tools: Electric	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Water	<input type="checkbox"/>	Fiber	<input type="checkbox"/>
Office Supplies	<input type="checkbox"/>	Engineering/Design	<input type="checkbox"/>	Construction	<input type="checkbox"/>		
Technology Services	<input type="checkbox"/>	Technology Equipment	<input type="checkbox"/>	Facilities	<input type="checkbox"/>		
Heavy Machinery	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Fleet	<input type="checkbox"/>		
Professional Services	<input type="checkbox"/>	Physical Security & Safety	<input type="checkbox"/>				

Please specify type of Professional Service \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_  
 Will the services you provide require access to Huntsville Utilities (HU) data? Yes  No   
 Will the services you provide require physical access to HU facilities or worksites? Yes  No

## BANK REFERENCE

Bank Name \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_

## CREDIT REFERENCES

Company Name \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_



# VENDOR APPLICATION

## CUSTOMER REFERENCES

Company Name \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Street and/or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email \_\_\_\_\_

As the Vendor, I have read and understand the Huntsville Utilities Vendor Code of Business Conduct (Code) and agree to abide by the terms, and hereby represent and warrant that I will not take any action that might constitute a violation or breach of any provision of the Code, and acknowledge that compliance with the Code is required to maintain status as a HU Vendor.

Name of Person Completing Application \_\_\_\_\_  
 Title of Person Completing Application \_\_\_\_\_  
 Contact Information of Person Completing Application:  
 Email \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Address of Person Completing Application (if different from page 1 address)  
 Street and/ or P.O. Box \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Person Completing Application: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the form online, e-mail to [purchase@hsvutil.org](mailto:purchase@hsvutil.org) or return completed form via mail to:  
 Huntsville Utilities  
 Attn: Purchasing Department - Vendor Information  
 P.O. Box 2048  
 Huntsville, AL 35804

-----For HU Internal Use Only-----

Vendor #	W-9 Attached <input type="checkbox"/>	Non-Disclosure <input type="checkbox"/> N/A <input type="checkbox"/>
Bank Reference Verified <input type="checkbox"/>	Credit Reference Verified <input type="checkbox"/>	Customer Reference Verified <input type="checkbox"/>
Access to HU Data Yes <input type="checkbox"/> Form <input type="checkbox"/> N/A <input type="checkbox"/>	Project Security Questionnaire Yes <input type="checkbox"/> Form <input type="checkbox"/> N/A <input type="checkbox"/>	Safety & Health Questionnaire Yes <input type="checkbox"/> Form <input type="checkbox"/> N/A <input type="checkbox"/>
		Sole Source Justification Yes <input type="checkbox"/> N/A <input type="checkbox"/>