

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) (Provide Certification Date and Unique Entity Identifier Number.)
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
UEI Code NAICS 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 Gas Water Fiber
Equipment: Electric Gas Water Fiber
Tools: Electric Gas Water Fiber
Office Supplies Engineering/Design Construction
Technology Services Technology Equipment Facilities
Heavy Machinery Landscaping Fleet
Professional Services Physical Security & Safety
Please specify type of Professional Service
Other (please explain)
Will the services you provide require access to Huntsville Utilities (HU) data?
Will the services you provide require physical access to HU facilities or worksites?

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

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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 or return completed form via mail to:
Huntsville Utilities
Attn: Purchasing Department - Vendor Information
P.O. Box 2048
Huntsville, AL 35804

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