

# **VENDOR PROFILE FORM** (Date Modified: 2/16/16)

## **REQUIRED INFORMATION – ALL INFORMATION MUST BE COMPLETED FOR BUSINESS TO REMAIN IN SUPPLIER DATABASE**

Company Name:		
Company Address (for payment/remittal):		
City:	State:	Zip:
Supplier Representative or Service Contact Name:		Phone Number:
E-Mail Address:		Fax Number:

## **CONFLICT OF INTEREST**

Are any of the owners, officers, directors, majority shareholders, or board members of your company also employees, immediate family members of an employee, board members, or immediately family members of a board member of Women Against Abuse?

NO YES (explain): \_\_\_\_\_

## **GOOD STANDING**

Does your business hereby represent and warrant that it is not currently suspended, excluded, barred, or sanctioned by any city, state, or federal agency, nor has your business ever been convicted of a criminal offense.

YES NO (explain): \_\_\_\_\_

## **BUSINESS CLASSIFICATION**

Dun & Bradstreet D-U-N-S No.: \_\_\_\_\_ Type of Business/Commodity/Service: \_\_\_\_\_

Is the business a (Check all that apply):

- Minority Business Enterprise (M-DBE)
- Women Business Enterprise (W-DBE)
- Disabled Business Enterprise (DS-DBE)
- Disadvantaged Business Enterprise (DBE)
- None of the Above

If this is a M/W/DS/DBE, please identify further:

- African American
- Asian/Pacific American
- Hispanic American
- Native American
- Other (specify): \_\_\_\_\_

Which Organization/Agency certified the business?

- City of Philadelphia's Office of Economic Opportunity (OEO)
- Bureau of Minority and Womens' Business Opportunity (BMWBO)
- Other (specify): \_\_\_\_\_

Certificate Number: \_\_\_\_\_

*If applicable, please include a copy of the certificate with this form*

By signing below, the vendor hereby certifies and represents that the information provided is current, accurate, and complete. The contractor further certifies that it will notify WAA of any changes to said information provided.

Authorized Representative: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

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

<b>FOR WAA USE ONLY</b>		<b>Please Send Completed Form to:</b> Women Against Abuse 100 South Broad Street, Suite 1341 Philadelphia, PA 19110	<b>Phone:</b> 215-386-1280 <b>Email:</b> <a href="mailto:purchasing@womenagainstabuse.org">purchasing@womenagainstabuse.org</a> <b>Fax:</b> 215-386-2476
Vendor ID: _____	Date Received: _____		