



## VENDOR REGISTRATION FORM

<b>1)</b>	<b>Company (Vendor) Name: *</b>			
<b>2)</b>	<b>Addresses:</b>	<b>2A Purchase Order Address *</b>	<b>2B Remittance Address</b>	<b>2C Request For Quote Address</b>
	* Line 1 .....			
	* Line 2 .....			
	* City, State, Zip .....			
	* Business Phone .....			
	* Fax Number .....			
	* Contact Name .....			
	* Contact Title .....			
	* Taxpayer ID Number .....			
	E-Mail Address .....			
	Website Address .....			
<b>3)</b>	<b>Company (Vendor) Demographics: (please answer in each)</b>			
	(check one only)	(check one only)	(check one only)	(check all applicable)
	<b>3A Business Classification *</b>	<b>3B Primary Business Type *</b>	<b>3C Ethnic Group</b>	<b>3D Miscellaneous</b>
	1) Sole Proprietorship _____	1) Construction _____	1) African-American _____	1) Male _____
	2) Partnership _____	2) Equipment _____	2) Asian-Indian _____	2) Female _____
	3) Public Corporation _____	3) Services - general _____	3) Asian-Pacific _____	3) Ohio UCP DBE Certified _____
	4) Private Corporation _____	4) Services - legal _____	4) Caucasian _____	4) SBA 8A Certified _____
	5) Joint Venture _____	5) Services - professional _____	5) Hispanic _____	5) MBE Certified _____
	6) Other _____	6) Supplies _____	6) Native American _____	
	<b>3E Annual Gross Receipts * (check one only)</b>			
	1) under \$500,000 _____	\$500,001 - \$1,000,000 _____	\$1,000,001 - \$5,000,000 _____	over \$5,000,000 _____

<b>4) Services Your Company Can Provide To Laketran: *</b>	
<b>5) Prepared by: *</b>	<b>5A Name:</b> _____ <b>Phone:</b> _____ <b>Date:</b> _____

<b>6) Instructions for completing Vendor Registration Form:</b>	
(* The asterisked fields of information are mandatory)	
<b>Block 1:</b> Provide your full vendor name. Please explain any acronym, logos, initials or abbreviations.	
<b>Block 2:</b> In 2A, provide your street address where purchase orders are to be mailed/faxed/phoned; In 2B, provide your site address where you want your payment to be sent; In 2C, provide your site address where your sales service can receive requests for quotes, propopals, and product information. If your addresses are identical for each site, then simply write SAME on Line 1 of 2B and 2C.	
<b>Block 3:</b> In 3A, check only one business classification or ownership structure; In 3B, check your organization's primary business type; In 3C, check only one ethnic group that represents your majority ownership (greater than or equal to 51%); In 3D, check either one (1) for male or two (2) for female ownership, check three (3) if your organization is certified by the Ohio Unified Certification Program as a Disadvantaged Business Enterprise (DBE), check four (4) if your organization is certified by the Small Business Administration as section 8A, and check five (5) if your organization is a certified Minority Business and provide a copy of the certificate; and in 3E check only one annual gross receipts.	
<b>Block 4:</b> Provide a description that best describes what services/products your business can provide to Laketran.	
<b>Block 5:</b> In 5A, provide preparer's name, phone and date.	
Mail, fax or e-mail your completed form to: Procurement • Laketran • P. O. Box 158 • Grand River, Ohio 44045-0158 • Fax - 440-354-4202 • <a href="mailto:procurement@laketran.com">procurement@laketran.com</a>	
<b>Any questions relating to this form, e-mail to <a href="mailto:procurement@laketran.com">procurement@laketran.com</a> or call Andrea Aaby at 440-350-1022.</b>	