



## Supplier Registration/Information Form

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**PLEASE PROVIDE THE FOLLOWING INFORMATION WHICH IS REQUIRED TO INCLUDE YOU ON OUR BIDDER LIST**

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Federal I.D. Number or Social Security Number (9 Digits): \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Toll-free Number (800) \_\_\_\_\_

\_\_\_\_\_ Fax Number (    ) \_\_\_\_\_

Remittance Address: \_\_\_\_\_ Contact for Bids \_\_\_\_\_  
\_\_\_\_\_  
(Name)

Number of Years in Business Under Present Name: \_\_\_\_\_

LMC is committed to increasing special interest group vendor participation. Please help us meet our commitments by checking appropriate information below (if applicable):

(    ) Minority owned (at least 51% of which is owned and controlled by minority group member)

Minority groups include:

1. Black/African American
2. Hispanic (Mexican, Puerto Rican, Cuban, Central or south American, other Spanish origin, regardless of race)
3. Asian (including Pacific Islander)
4. American Indian (including Alaskan native)
5. Handicapped
6. Disabled American Veteran
7. Vietnam Era Veteran

(    ) Woman Owned

TYPE OF BUSINESS (check all that apply):

- |                              |   |
|------------------------------|---|
| (    ) Retail Trade          | (    ) Individual   |
| (    ) Wholesale Trade       | (    ) Partnership  |
| (    ) Construction Services | (    ) Corporation  |
| (    ) Service Industry      | (    ) Small business (less than 250 employees and yearly sales |
| (    ) Manufacturing         | grossing not more than \$500,000                                |
| (    ) Other _____           |   |

OVER

- ☐ Less than \$ 50,000
- ☐ Less than \$100,000
- ☐ Less than \$250,000
- ☐ Less than \$500,000
- ☐ Less than \$750,000
- ☐ Less than \$1,000,000
- ☐ More than \$1,000,000

Name: \_\_\_\_\_

Acct.# \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

PLEASE INCLUDE COMPANY BROCHURES, IF AVAILABLE, PROVIDE LIST OF SPECIALIZED EQUIPMENT, ETC. THAT WILL HELP US GET TO KNOW YOU BETTER.

Signed (in ink): \_\_\_\_\_ Title: \_\_\_\_\_

Above signature (typed): \_\_\_\_\_ Date: \_\_\_\_\_