



## VENDOR INFORMATION

Please complete the sections below and check the selection that best represents your company. Once completed, please return this form, your company W9, Conflict of Interest and ACH Form to the EAA Finance Department at the address listed at the bottom of this form. If you have any questions regarding this form, please call the Contract and Business Development Coordinator at (210) 447-5121.

Please complete the following information. Your business must be owned, managed and controlled by at least 51% of the noted Minority/Woman-owned category below in order to make that selection.

The EAA encourages all businesses that fall into the Minority/Woman-owned categories listed below to become certified by the South Central Texas Regional Certification Agency. For more information, please contact 210-227-4722 or [www.sctrca.org](http://www.sctrca.org).

NAME OF BUSINESS				
ADDRESS	Number & Str.	City	State	Zip Code
CONTACT NAME				
PHONE NUMBER			FAX NUMBER	
E-MAIL ADDRESS				
WEBSITE ADDRESS				
CHECK ALL THAT APPLY				
<input type="checkbox"/> Minority Owned – African American		<input type="checkbox"/> Minority Owned – Asian American		
<input type="checkbox"/> Minority Owned - Native American		<input type="checkbox"/> Minority Owned - Hispanic		
<input type="checkbox"/> Woman Owned Business Entity		<input type="checkbox"/> Non – Minority Owned Business		
<input type="checkbox"/> Government Agency				
CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No				
CERTIFYING AGENCY NAME				
NIGP CODES (maximum of 5):				
If you are not sure what NIGP codes apply to you, please visit: <a href="https://comptroller.texas.gov/purchasing/nigp/">https://comptroller.texas.gov/purchasing/nigp/</a>				
BUSINESS DESCRIPTION:				
REFERRED BY EAA STAFF? <input type="checkbox"/> Yes <input type="checkbox"/> No				
REFERRAL NAME				

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Date