



- SUPPLIER/ VENDOR
- SUBCONTRACTOR

PRIDE Contact Name \_\_\_\_\_

PRIDE Site \_\_\_\_\_

## VENDOR (SUBCONTRACTOR & SUPPLIER) ADD FORM

Submit the completed form and your company W-9 by email to your contact at PRIDE. You must complete this form in order to be considered to bid and work as an approved subcontractor or supplier. Completing this form does not guarantee that you will be approved to bid or work as a subcontractor or supplier.

**- If additional space is required for any portion of this form, please attach additional pages. -**

Company Name \_\_\_\_\_

Company Street/ Physical Address \_\_\_\_\_

Company City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Company Web site \_\_\_\_\_

Company Contact Name, Phone \_\_\_\_\_ / \_\_\_\_\_ if FAX \_\_\_\_\_

Company Federal Tax ID# or SS \_\_\_\_\_ *\*Always include W-9 with this form.*

DUNS # \_\_\_\_\_ or CAGE /NAIC code \_\_\_\_\_ if Corporation, State Inc. in \_\_\_\_\_

Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

**Description of Services or Products:** \_\_\_\_\_

Type of vendor (manufacturer, retailer, distributor, dealership, etc.) \_\_\_\_\_

Do you offer GSA Pricing? \_\_\_\_\_

Do you need Credit Information from PRIDE? \_\_\_\_\_ Supplier Credit App Required \*? \_\_\_\_\_

Send PRIDE Credit Reference Sheet \_\_\_\_\_ Send PRIDE Resale Certificate \_\_\_\_\_

*\* If supplier credit application required, please attach to e-mail*

Company Payment / Remit Address if different from Street Address listed above:

Street, PO Box or Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is wire payment required? \_\_\_\_\_ If so, please attach Banking information with this request form.

Owner or Officer Name, Title & phone: \_\_\_\_\_

Business License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

State(s) where you currently do business \_\_\_\_\_

**PRIDE Industries supports the growth of diversity businesses. Please indicate if any of the following categories are applicable to your company. Please attach current Certificates supporting the categories selected.**

- Certified Small Business
- Small Disadvantaged Business (SDB)
- Women-Owned Small Business (WOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Disabled Veteran Business Enterprise (DVBE)
- Veteran-Owned Small Business (VOSB)
- HUB Zone Small Business (HUBZ SB)
- Other (ex. ANC, HBC, MI)

Please list any additional licenses and certifications here. Attach copies of the licenses and certifications.

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Please provide the following:

(1) Insurance Carrier's Experience Modification Rate (EMR):

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**Payment Terms are Net 30.**

I, \_\_\_\_\_, have reviewed the foregoing information. This information is being provided for the intent of supplying services and/or materials for PRIDE Industries. All of the information contained herein is correct and complete to the best of my knowledge as of this date: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title