

Vendor/Contractor Information Form

Bidding Firm Name: _____
Business Name (e.g., Corp., Inc., Co., T/A, DBA, etc.)

Federal Tax Identification No. / SS#: _____

Street Address: _____

City and State: _____ Zip Code _____

Business Phone: (Toll Free #, if applicable) _____ Date: _____

Fax Number: _____ Terms of Payment: _____

Contact Name and Title: Mr. Mrs. Ms _____

Email Address: _____

Website Address, if available: _____

Registration # for MD Dept. of Assessment and Taxation: _____
Go to <https://egov.maryland.gov/BusinessExpress/EntitySearch>

Name and address of any affiliated company providing goods or services under the Agreement:
(Subcontractors/Suppliers) (*Write "none" if there are no affiliated companies*): _____

In accordance with the County Code, Article 8-2-117, please list any affiliation with a County employee(s) or official(s). **Include name and type of affiliation** (i.e., relative, business associate, etc.). (*Write "none" if there are no affiliations.*):

- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____
- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____
- Name: _____ Affiliation: _____
County Agency or Company Name Where Employed _____

Does your firm qualify as a Minority Business Enterprise? Y or N
MBE Designations Black Male Black Woman Women Asian Hispanic None

Printed Name and Title of Agent: Mr. Mrs. Ms _____

Signature of Agent*: _____ DATE: _____