

## Company Profile Form

The following Information is required for any and all service providers, vendors, and suppliers doing business of any kind with Habitat for Humanity of Greater Memphis.

1. Company Name:

\_\_\_\_\_

2. Business Type: Corp\_\_\_\_, LLC\_\_\_\_, Partnership \_\_, S Corp \_\_\_\_  
Sole Proprietor\_\_\_\_, Other\_\_\_\_(Describe Other)\_\_\_\_\_

\_\_\_\_\_

3. Is your company: a) Certified Minority Owned? \_\_Y \_\_N b) Certified Woman Owned?\_\_\_\_Y \_\_N  
c) Other\_\_\_\_(Describe Other) \_\_\_\_\_

\_\_\_\_\_

4. Physical Address: \_\_\_\_\_

\_\_\_\_\_

5. Billing Address: \_\_\_\_\_

\_\_\_\_\_

6. Company Ph.#: \_\_\_\_\_

7. Company Fax #: \_\_\_\_\_

8. Contact: \_\_\_\_\_

9. Contact Ph. # \_\_\_\_\_

10. Contact e-mail: \_\_\_\_\_

11. Alternate Contact: \_\_\_\_\_

12. Alternate Contact Ph. # \_\_\_\_\_

13. Alternate Contact e-mail: \_\_\_\_\_

14. Company Tax ID #: \_\_\_\_\_

(Or if an individual)

15. Social Security #: \_\_\_\_\_

Name of individual completing this form: \_\_\_\_\_

Date: \_\_\_\_\_