



VENDOR REGISTRATION FORM

1) Company (Vendor) Name: *

2) Addresses:

2A Purchase Order Address *

2B Remittance Address

2C Request For Quote Address

* Line 1

* Line 2

* City, State, Zip

* Business Phone

* Fax Number

* Contact Name

* Contact Title

* Taxpayer ID Number

E-Mail Address

Website Address

3) Company (Vendor) Demographics: (please answer in each)

(circle one only)

(circle one only)

(circle one only)

(circle all applicable)

3A Business Classification *

3B Primary Business Type *

3C Ethnic Group

3D Miscellaneous

1) Sole Proprietorship

1) Construction

1) African-American

1) Male

2) Partnership

2) Equipment

2) Asian-Indian

2) Female

3) Public Corporation

3) Services - general

3) Asian-Pacific

3) Ohio UCP DBE Certified

4) Private Corporation

4) Services - legal

4) Caucasian

4) SBA 8A Certified

5) Joint Venture

5) Services - professional

5) Hispanic

6) Other

6) Supplies

6) Native American

4) Services Your Company Can Provide To Laketrans: *

5) Prepared by: *

5A Name: _____ Phone: _____ Date: _____

| | |
|---|--|
| 6) | Instructions for completing Vendor Registration Form: |
| | (* The asterisked fields of information are mandatory) |
| | Block 1: Provide your full vendor name. Please explain any acronym, logos, initials or abbreviations. |
| | Block 2: In 2A, provide your street address where purchase orders are to be mailed/faxed/phoned; In 2B, provide your site address where you want your payment to be sent; In 2C, provide your site address where your sales service can receive requests for quotes, proposals, and product information. If your addresses are identical for each site, then simply write SAME on Line 1 of 2B and 2C. |
| | Block 3: In 3A, circle only one business classification or ownership structure; In 3B, circle your organization's primary business type; In 3C, circle only one ethnic group that represents your majority ownership (greater than or equal to 51%); In 3D, circle either one (1) for male or two (2) for female ownership, circle three (3) if your organization is certified by GCRTA as a Disadvantaged Business Enterprise (DBE), circle four (4) if your organization is certified by the Ohio Unified Certification Program as a Disadvantaged Business Enterprise (DBE), and circle five (5) if your organization is certified by the Small Business Administration as section 8A. |
| | Block 4: Provide a description that best describes what services/products your business can provide to Laketran. |
| | Block 5: In 5A, provide preparer's name, phone and date. |
| Mail, fax or e-mail your completed form to: Procurement • Laketran • P. O. Box 158 • Grand River, Ohio 44045-0158 • Fax - 440-354-4202 • procurement@laketran.com | |
| Any questions relating to this form, e-mail to procurement@laketran.com or call Terri Goodson at 440-350-1007. | |