

**RALEIGH HOUSING AUTHORITY**

**NEW VENDOR REGISTRATION**

**COMPANY NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**RACIAL/ETHNIC GROUP (CHECK BOX:)**

For US Department of Housing and Urban Development reporting purposes.

- 1.  White Americans
- 2.  Black Americans
- 3.  Native Americans
- 4.  Hispanic Americans
- 5.  Asian/Pacific Americans
- 6.  Hasidic Jews
- 7.  Other: Please specify \_\_\_\_\_
- 8.  Refused to Provide

**WOMAN OWNED BUSINESS?** Check:  **No** \_\_\_\_\_ **Yes** \_\_\_\_\_

**A W-9 FORM MUST BE SUBMITTED WITH NEW VENDOR REGISTRATION.**

**CONTRACTORS: A CURRENT CERTIFICATE OF INSURANCE *MUST BE SUBMITTED.***

**Products or Services you provide:** \_\_\_\_\_

\_\_\_\_\_

**FORM COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Procurement use only:**

**Vendor # issued:** \_\_\_\_\_

**Date set-up:** \_\_\_\_\_

**By:** \_\_\_\_\_