



EHA Use only	
Vendor Number	
1099 Yes/No	
Date	



In order for us to establish you as a vendor with the Everett Housing Authority, the following information is required:							
Company Name:							
Billing Address:							
City State Zip:							
Location Address: (if different than the billing address)							
City State Zip:							
Phone:				Fax:			
Contact Person:							
Email Address:							
Federal ID #				Are you incorporated? Yes		No	
Contractor's License Number (if applicable)							
Unified Business ID # (UBI) Washington State Only:							
<input type="checkbox"/> City of Everett Business License, check box if attached <input type="checkbox"/> OR will provide copy if awarded contract <input type="checkbox"/> Please attached current W-9 form, check box if attached.							
Are you a minority contractor? Yes				No			
On what basis are you a minority contractor? Please select one of the following:							
1	2	3	4	5	6	7	8
Caucasian	Black	Native American	Hispanic	Asian Pacific	Hasidic Jew	Woman	Other; Please describe:
<ul style="list-style-type: none"> If you are a woman owned business, please also check ethnicity. 							