



## VENDOR PROFILE

<b>Legal Business Name:</b>					<b>Date:</b>		
<b>Street Address:</b>				<b>Mailing Address (if different):</b>			
<b>City:</b>		<b>State:</b>	<b>Zip code</b>	<b>City:</b>		<b>State:</b>	<b>Zip code:</b>
<b>Website Address:</b>				<b>Email Address:</b>			
<b>Telephone Number:</b>		<b>Fax Number:</b>		<b>Toll Free Number</b>			
<b>Primary Contact Information:</b>							
<b>Contact Name:</b>				<b>Title</b>			
<b>E-Mail Address:</b>				<b>Location:</b>			
<b>Telephone No.</b>				<b>Fax:</b>			
<b>Type of Company</b>		<b>Business Type:</b>			<b>Labor Affiliation</b>		
<input type="checkbox"/> Subcontractor <input type="checkbox"/> GC <input type="checkbox"/> Supplier <input type="checkbox"/> Other (be specific)		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC/LLP			<input type="checkbox"/> Union <input type="checkbox"/> Open Shop		
<b>Type of Work (please be specific):</b>				<b>Division:</b> _____			
				<b>CSI Codes:</b> _____			
<b>Company Certifications:</b>				<b>Areas of Operations:</b>			
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> JSEB <input type="checkbox"/> Other (specify):				<input type="checkbox"/> All of Indiana <input type="checkbox"/> Metro Indianapolis <input type="checkbox"/> Central Indiana <input type="checkbox"/> NE Indiana <input type="checkbox"/> NW Indiana <input type="checkbox"/> SE Indiana <input type="checkbox"/> Illinois <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Ohio			
<b>Agency Certified:</b> <input type="checkbox"/> Federal <input type="checkbox"/> State _____ <input type="checkbox"/> City _____ <input type="checkbox"/> DOT _____ <input type="checkbox"/> Other _____							
<b>Licenses:</b>							
<b>Product Certifications:</b>							
<b>Additional Locations:</b>							
<b>Street Address:</b>				<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip code:</b>	<b>City:</b>		<b>State:</b>	<b>Zipcode</b>
<b>Telephone Number:</b>		<b>Fax Number:</b>		<b>Telephone Number</b>		<b>Fax Number:</b>	
<b>Additional Contact Information:</b>							
<b>Contact Name:</b>				<b>Title</b>			
<b>E-Mail Address:</b>				<b>Location:</b>			
<b>Telephone No.</b>				<b>Fax:</b>			