



PRAIRIE VIEW A&M UNIVERSITY
PROCUREMENT AND CONTRACTS

Vendor Application Form

Company Name: _____ Federal Tax I.D. No. (FEIN OR SSN) _____

Address: _____ Phone: () _____

City, State and Zip _____ Fax: () _____

Email: _____

Contact Name: _____ Web: _____

Remittance Address if different than above:

Name: _____ Department: _____

Address: _____ Phone: () _____

City, State and Zip _____ Fax: () _____

Email: _____

Contact Name: _____ Web: _____

Description of goods or services provided:

Check all appropriate categories:

- Dealer Manufacturer Retailer Individual Sole Proprietorship Agent
- Partnership Corporation Limited Liability Corp. Other ____

Type of Business: The data you provide should best describe the ownership of your business.

Check all that apply:

- Woman-owned Male-owned
- HUB Zone Veteran Service-Disabled Veteran
- Socially & Economically Disadvantaged (Asian, Asian-Pacific, Black, Hispanic, Native Americans)

Please provide the following documentation:

1.) Three References (Name, Email Address and Phone No.)

Name _____	Email _____	Ph. () _____
Name _____	Email _____	Ph. () _____
Name _____	Email _____	Ph. () _____

2.) Completed W-9 (document available at www.pvamu.edu/pages/1944.asp)

3.) Copy of HUB Certification (if applicable)

Inquiries regarding this form or any part of the procurement process should be addressed to:

P.O. Box 1311; Mail Stop 1311
L.W. Minor Street, W.R. Banks Bldg., Room 129
Prairie View, Texas 77446

EMAIL: procurementsvs@pvamu.edu

Phone: (936) 261-1902

Fax: (936) 261-1958