



Thank you for your interest in doing business with the Habitat Company. Please complete the registration form in its entirety and return it to:

The Habitat Company
Attn.: VENDOR REGISTRATION/Public Housing Portfolio
350 W. Hubbard, Suite 500
Chicago, IL 60654
(312) 527-2400 (main number)
vendorregistration@habitat.com

VENDOR REGISTRATION FORM

Registration Type	<input type="checkbox"/> Initial	<input type="checkbox"/> Name/Address Change
Region:	<input type="checkbox"/> Chicago	<input type="checkbox"/> Atlanta <input type="checkbox"/> St. Louis <input type="checkbox"/> ALL
General Information:		
Company Name:		
Mailing Address:		
Mailing Address for payments if different than above:		
Telephone Number including area code:	Fax Number including area code:	
Email Address:	Website Address:	
Type of Firm:		
<input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Distributor <input type="checkbox"/> Other _____		
Organizational Information:		
Type of Ownership	Tax Identification Number:	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Chicago Housing Authority Vendor Number (if applicable):	
President/Owner/Partner:	Telephone Number & Email Address:	
Bidding/Quote Contact (Name & Title):	Telephone Number & Email Address:	



THE HABITAT COMPANY
Management Makes The Difference*

Invoice/Payment Contact (Name & Title):		Telephone Number & Email Address:	
Primary Goods & Services provided:			
Major Equipment Owned (Construction Companies):			
Customer/Client References:			
Company:	Contact Name & Title:	Contact Phone Number:	Dates of Service & Dollar Value
Company:	Contact Name & Title:	Contact Phone Number:	Dates of Service & Dollar Value
Company:	Contact Name & Title:	Contact Phone Number:	Dates of Service & Dollar Value
Additional Information:			
Minority/Women/Disadvantaged Business Enterprise Status <input type="checkbox"/> NA <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Section 3 Business			
Please attach your firm's most recent certification letter(s).			
Is it industry practice for your firm to subcontract work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage: _____			
Size of jobs your firm is most interested in: Max: \$ _____ Min.: \$ _____			
Has your firm performed work for a government agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate which type (check all that apply): <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Housing Authority			
Has your firm ever submitted certified payroll electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your firm ever confirmed payment electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No			