

COMPANY PROFILE FORM

The following information is required for any and all service providers, vendors, and suppliers doing business of any kind with Putnam County Habitat for Humanity

1. Company Name: _____

2. Business Type: _____ Corp _____ LLC _____ Partnership _____ S Corp _____ Sole Proprietor _____ Other
(describe other)

3. Is your company: Certified Minority _____ (Y/N) Certified Woman Owned _____ (Y/N)

Other (describe) _____

4. Physical Address: _____

5. Billing Address: _____

6. Company Phone Number: _____

7. Company Fax #: _____

8. Contact: _____

9. Contact Phone Number: _____

10. Contact email: _____

11. Alternate Contact: _____

12. Alternate Phone Number: _____

13. Alternate Email: _____

14. Company Tax ID: _____

Or if an individual: Social Security #: _____

Name of Individual Completing this form: _____

Date: _____