

Company Profile Form

The following Information is required for any and all service providers, vendors, and suppliers doing business of any kind with Habitat for Humanity of Greater Memphis.

1. Company Name:

2. Business Type: Corp____, LLC____, Partnership __, S Corp ____
Sole Proprietor____, Other____(Describe Other)_____

3. Is your company: a) Certified Minority Owned? __Y __N b) Certified Woman Owned?____Y __N
c) Other____(Describe Other)_____

4. Physical Address: _____

5. Billing Address: _____

6. Company Ph.#: _____

7. Company Fax #: _____

8. Contact: _____

9. Contact Ph. # _____

10. Contact e-mail: _____

11. Alternate Contact: _____

12. Alternate Contact Ph. # _____

13. Alternate Contact e-mail: _____

14. Company Tax ID #: _____

(Or if an individual)

15. Social Security #: _____

Name of individual completing this form: _____

Date: _____