

## Vendor Application Form

Procurement Department  
 44865 Loudoun Water Way  
 Ashburn, VA 20146-2591  
 procurement@loudounwater.org  
 Phone: 571.291.7700 Fax: 571.223.2513

This Application and W-9 will replace any records on file.  
 Fill in all spaces. Insert "N/A" in blocks not applicable. Type or print all entries.  
 Please complete this vendor application form and W-9 form and return it to the Loudoun Water Procurement Department.

<b>Business Name:</b> (as reported on W-9)		<b>Year Established:</b>
<b>Type of Organization (check one):</b> <input type="checkbox"/> Individual /sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____ <input type="checkbox"/> Other: (check one) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Political Subdivision		
<b>Category (check all that apply):</b> <input type="checkbox"/> Minority Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned		
<b>Primary Location of Business:</b> <input type="checkbox"/> Loudoun County <input type="checkbox"/> Virginia		
Are you exempt from backup withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. / Federal Identification No.	DUN & Bradstreet No.
Website Address:		Email:

### Remittance Address Information

Street/PO Box:			
City:		State:	Zip:
Telephone No.		Fax No.	
Contact Person:	Title:	Email:	
Payment Terms/Discount <input type="checkbox"/> 1%/20 Days <input type="checkbox"/> 2%/20 Days <input type="checkbox"/> 10%/5 Days <input type="checkbox"/> Net 30 Days <input type="checkbox"/> Other: _____			

### Purchase Order Address Information

 Same as Remittance Address

Street/PO Box:			
City:		State:	Zip:
Telephone No.		Fax No.	
Contact Person:	Title:	Email:	

### Correspondence Address Information

 Same as PO Remittance Address

Street/PO Box:			
City:		State:	Zip:
Telephone No.		Fax No.	
Contact Person:	Title:	Email:	

### Owners, Executives & Primary Contacts

Name	Title	Email
1.		
2.		

### Goods & Services Information

Indicate the Class and Commodity Number(s) of Equipment, Supplies, Materials and/or Services which you provide. (use Commodity Service Code List, as attached):


### Current Contracts

List current contracts you have with Loudoun Water and/or other Governmental Entities (specify by number/type and attach summary information):
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I certify that the information supplied herein (including all pages attached) are true and correct and include all material information necessary to identify and explain the operations of the above named business as well as the ownership thereof. Neither the applicant nor any person in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any public agency from bidding on materials, supplies, or service to any agency thereof.

 \_\_\_\_\_  
 Authorized Signature

 \_\_\_\_\_  
 Printed Name and Title

**FOR OFFICIAL USE ONLY:**

Date Entered \_\_\_\_\_ By: \_\_\_\_\_ Vendor #: \_\_\_\_\_