



Vendor Profile and Classification Form

Vendor Profile

Vendor Name: _____

DBA: _____

Federal Tax ID #: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Contact Name: _____

Email: _____

- Type of Business:
- Individual/Sole Proprietor
 - Corporation
 - Partnership
 - Other

Vendor Classification

- Business Size:
- Small Business (As Defined by SBA)
 - Large Business

Small Business Categories (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Women-Owned Business Enterprise | <input type="checkbox"/> Veteran-Owned Business Enterprise |
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> HUBZone Small Business |
| <input type="checkbox"/> LGBT-Owned Business Enterprise | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Service-Disabled Veteran-Owned Business Enterprise | <input type="checkbox"/> Other |

Note: Please attach a copy of certification if your company is certified by the following organizations: Small Business Administration, National Minority Suppliers Development Council (NMSDC), Women’s Business Enterprise National Council (WBENC) or National Gay & Lesbian Chamber of Commerce (NGLCC) Department of General Services (Veteran Business Only).

Is your business minority owned?

- | | |
|--|--|
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Pacific Asian |
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Indian Asian |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> 2 or more Races |
| <input type="checkbox"/> Nat. Hawaiian / Other | <input type="checkbox"/> Pacific Islanders |

If you are not a Women-Owned, Minority-Owned, LGBT-Owned, Service-Disabled Veteran-Owned, or Veteran-Owned Business Enterprise, do you have a diversity policy?

Yes, what percent and dollar value of your business goes to qualifying businesses? _____%
\$_____ Are figures actual or estimates?

No.

Completed By:

Name: _____ Signature: _____

Title: _____ Date: _____

Please return form to Accounts Payable, Armstrong Teasdale LLP, 7700 Forsyth Blvd., Suite 1800, St. Louis, MO 63105 or email to accountspayable@armstrongteasdale.com.

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