



# Vendor Enrollment Form

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Please complete this form to tell us (Trellis Company) more about your company. The information you provide will be used only for vendor selection and as a reference in future business development opportunities. Enrollment does not guarantee you will 1) receive an invitation to bid, 2) present your products and/or services, 3) that we (Trellis Company) will contact you, or 4) that you will be awarded a contract. Enrollment also does not create any contractual or other obligations between you and Trellis Company or any of its affiliates.

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## Company Information

Company Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Address (if different) \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Company Website Address \_\_\_\_\_

DUNS Number \_\_\_\_\_

## Ownership

Individual/ Sole-Proprietor

Corporation

S Corporation

Partner

Trust/ Estate

LLC-C

LLC-P

Other \_\_\_\_\_

## Contact Information

Pr ar C tact Na e

T t e

P e

E a Addre

Fa N ber

De cr be Y r Pr d ct /Ser ce \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Socio-Economic Designations

- I r b e cert ed a ad er e er? .....  Yes  No
- Are a S a B e ? .....  Yes  No
- Are a W e -O ed S a B e ? .....  Yes  No
- Are a S a D ad a ta ed B e ? .....  Yes  No
- Are a Ser ce-D ab ed Vete ra -O ed S a B e ? .....  Yes  No
- Are a Vete ra -O ed S a B e ? .....  Yes  No
- Are a HUB Z e B e ? .....  Yes  No