



Vendor Business Information

Please complete and return this information with W-9 and HUB Utilization Assessment forms.
Fax to 817-810-310 or email to MHMR.Purchasing@mhmrta.org

Vendor Legal Name: _____

Physical Address (no PO Box): _____

City: _____ **State:** _____ **Zip:** _____

Correspondence/1099 Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Contact Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Vendor Remittance Name: _____

Remittance Address: _____

City: _____ **State:** _____ **Zip:** _____

Remittance Contact: _____ **Phone:** _____

Email: _____ **Payment Terms:** _____

Print Name

Title

Authorized Signature

Date

MHMR Tarrant
Historically Underutilized Business (HUB)/Disadvantaged Business Enterprise (DBE)
HUB Utilization Assessment

Legal Name of your Business: _____		
Address: _____		
City: _____	State: _____	Zip: _____

Principal Owner Name: _____ Title: _____

Principal Owner Phone: _____ Other Phone: _____

1. If none of the below applies to your business, please initial here _____ . In doing so, you acknowledge that your business will NOT be considered a Historically Underutilized Business or a Disadvantaged Business Enterprise vendor (you may skip Questions 2 and 3).

2. Is your business primarily owned (51% or more) by an individual or individuals that can be classified in one or more of the following groups? (Please check all that apply from the list below.)

<input type="checkbox"/> Women (Check here if you are a self-employed woman)
<input type="checkbox"/> African Americans
<input type="checkbox"/> Hispanic Americans
<input type="checkbox"/> Native Americans
<input type="checkbox"/> Asian Americans
<input type="checkbox"/> Service Disabled Veterans

<p>3. Is your business already certified as historically underutilized or disadvantaged? [] Yes [] No</p> <p>If "Yes", please indicate the name of the certifying agency: _____</p> <p>Certificate #: _____ Expiration Date: _____</p> <p>If not certified, is your business eligible for certification based on Question 2 above? [] Yes [] No</p>
--

4. Please sign and date the form below.

Signature _____ Print Name

Title _____ Date