



**YMCA OF METROPOLITAN CHICAGO**

# **NEW VENDOR FORM**

## **VENDOR INFORMATION**

Vendor Legal Name (name on W-9):

Date:

Vendor DBA/Short Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Contact/Representative:

Vendor Email Address:

Remittance Address (if different from business address):

City:

State:

Zip:

Accounts Receivable Contact:

Accounts Receivable Email Address:

## **OTHER VENDOR INFORMATION**

Vendor Type:

Goods

Services

Types of Goods or Services:

## **DEMOGRAPHICS**

Businesses and organizations that fit any of the following criteria are considered part of our Diverse Supplier Group. 51% Owned/Governed by (if your organization does not identify with any of these demographics, please write one in or leave blank):

Asian

Black

Disabled/Otherly Abled

Female

Government Entity

Immigrant

Indigenous

Latinx

LGBTQ+

Non-profit Organization

Small Business

Other:

Do you hold a certification for diverse ownership?

Yes

No

## **REQUIRED DOCUMENTS**

W-9:

Provided

Not Provided

Certificate of Insurance (COI):

Provided

Not Provided