



Your business has recently been set up as a vendor in the Lexington-Fayette Urban County Government's financial system. Please provide us with the following information so that we can ensure our records are complete and that you receive purchase orders and payments correctly and in a timely manner.

Please complete this form and **attach a copy of your W-9** and return to: LFUCG - Division of Central Purchasing, 200 E. Main St., Room 338, Lexington, KY 40507 or fax to 859.258.3322.

Business Name \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Tax ID Number** \_\_\_\_\_

Name of person completing form \_\_\_\_\_

**CERTIFICATIONS**

Ky MWBE Certification from KTC \_\_\_\_\_

SBA (8)a Certification \_\_\_\_\_

WBE Certification from WBENC or NWBOC \_\_\_\_\_

MBE Certification from TSMSDC \_\_\_\_\_

Section 3 Certified Business (HUD) \_\_\_\_\_

**MINORITY AND/OR WOMAN OWNED BUSINESS INFORMATION: (Please check all that apply)**

African-American Business Enterprise \_\_\_\_\_

Asian Indian-American Business Enterprise \_\_\_\_\_

Asian Pacific-American Business Enterprise \_\_\_\_\_

Hassidic Jew-American Business Enterprise \_\_\_\_\_

Hispanic-American Business Enterprise \_\_\_\_\_

Native-American Business Enterprise \_\_\_\_\_

Woman-Owned Business Enterprise \_\_\_\_\_

NONE \_\_\_\_\_

Other \_\_\_\_\_

**REMITTANCE ADDRESS**

**Address** \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ORDERING ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

