

ANGELO STATE UNIVERSITY

Vendor Application

1. Company Name: _____

2. Mailing Address: _____

City/State/Zip _____

3. Remit To Address: _____

City/State/Zip _____

4. Primary Contact Name: _____

Title _____

Telephone: _____ Ext.: _____

E-Mail: _____

5. URL/Web Address: _____

6. Business Type: _____Corporation _____Sole Corporation _____Partnership _____Other(Specify)_____

7. Federal Employer Identification Number (FEIN/Social Security Number (SSN)): _____

8. Texas Payee Identification Number: _____

9. Are you a Texas certified "Historically Underutilized Business (HUB)"? _____YES _____NO

If yes, indicate HUB certification number: _____

If yes, indicate HUB categories: Gender: _____ Ethnicity: _____

10. Business Description: