Vendor Profile and Classification Form

Vendor Profile

Vendor Name: ____________________________________________

DBA: __________________________________________________

Federal Tax ID #: _________________________________________

Address: ________________________________________________

City/State/Zip: __________________________________________

Telephone Number: _______________________________________

Contact Name: __________________________________________

Email: __________________________________________________

Type of Business:

☐ Individual/Sole Proprietor
☐ Corporation
☐ Partnership
☐ Other

Vendor Classification

Business Size:  

☐ Small Business (As defined by SBA)
☐ Large Business

Small Business Categories (check all that apply):

☐ Women-owned Business Enterprise  ☐ HUBZone Small Business
☐ Minority Business Enterprise  ☐ Veteran-owned Enterprise
☐ LGBT-owned Business Enterprise  ☐ None of the Above
☐ Service-Disabled Veteran Enterprise  ☐ Other

Note: Please attach a copy of certification if your company is certified by the following organizations: Small Business Administration, National Minority Suppliers Development Council (NMSDC), Women’s Business Enterprise National Council (WBENC), or National Gay & Lesbian Chamber of Commerce (NGLCC) Department of General Services (Veteran Business Only).

Is your business minority owned?

☐ Black / African American  ☐ Pacific Asian
☐ American Indian / Alaska Native  ☐ Indian Asian
☐ Hispanic / Latino  ☐ 2 or more Races
☐ Nat. Hawaiian / Other  ☐ Pacific Islanders

If you are not a Women-Owned Business Enterprise or Minority Business Enterprise or an LGBT owned Business Enterprise, do you have a diversity policy?

☐ Yes, what percent and dollar value of your business goes to qualifying businesses? ________ %  
$ ______________ Are figures actual or estimates? ______________

☐ No.

Completed By:

Name: __________________________  Signature: __________________________

Title: __________________________  Date: __________________________

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