



CITY OF LAKEWAY VENDOR INFORMATION FORM

Section 1: Company Details and General Information

1. Name of Company:	
2. Street Address: City: State: ZIP Code:	3. Mailing Address: City: State: ZIP Code:
4. Telephone:	5. Fax:
6. Contact Name and Title:	7. Web Address:
8. Email Address of Contact Person:	
9. Parent Company (Full legal Name):	
10. Subsidiaries, Associates and/or Other Representative(s) - (attach a List if necessary):	
11. Type of Business (Mark one only): Individual/Sole Proprietor: <input type="checkbox"/> Partnership: <input type="checkbox"/> C Corporation: <input type="checkbox"/> S Corporation: <input type="checkbox"/> LLC: <input type="checkbox"/> Other: _____	
12. Nature of Business:	
13. Year Established:	14. Number of Full-time Employees:
15. License No./State where registered:	16. Tax ID:
17. Historically Underutilized Business: Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. Working Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other (specify) _____	

Section 2: Information on Goods and Services Offered

19. List below up to fifteen (15) of your core Goods/Services offered:
Include commodity codes for each good or service as set by the State of Texas NIGP Commodity Book

Code	Description (one Line for each Item)	Other

Section 3: Other

20. Certification:
I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible:

Name	Title
Signature	Date

NOTE: By completing this form it does not automatically mean you will be added to the City of Lakeway Vendor Database. There will be a review and an evaluation process that must take place first.

Please mail or email completed form to:

Ruena Victorino
1102 Lohmans Crossing
Lakeway, TX 78734

ruenavictorino@lakeway-tx.gov