

VENDOR REGISTRATION FORM
Iowa Department of Administrative Services
General Services Enterprise - Procurement Services
Hoover State Office Building, Level A
Des Moines IA 50319-0105

When completing this form, use the Tab key to move from box to box. Avoid hitting the Enter key, as this may cause the form to submit prior to completion. In the event this happens, please use your browser's "Back" button to return to the form.

1. Legal Business Name:

DBA Name:

For remittance of warrants/payments:

Line 1/Street

Line 2/Street

City State: Zip:

2. Name/ Purchase Order/Bid Mailing:

Line 1/Street

Line 2/Street

City: State: Zip:

3. Federal Identification Number (FEIN) and/or Social Security Number (SS#), if applicable:

EIN#: SSN#:

4. Type of Organization: Corporation: Partnership: Individual: Sole Proprietorship: Foreign:

(only if out of the USA)

5. If an LLC, specify type of Organization: Corporation: Partnership: Individual: Sole

Proprietorship: Foreign: (only if out of the USA)

6. From the attached [commodity listing](#), choose the (3) digit commodity(s) that reflect the equipment, supplies, materials and/or services on which you desire to bid/sell. You DO NOT need to return the commodity listing if you list them here:

7. The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the vendor database and any other penalties allowed by law. Further, I affirm that the undersigned company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

Firm:

Signed:

Print Contact Person(s) Name:

Title:

Business number: Ext: FAX #: Ext:

Toll Free #: Ext:

E-mail Address: