

INKSTER HOUSING COMMISSION

4500 INKSTER ROAD INKSTER, MICHIGAN 48141
PHONE: (313) 561-2600 FAX: (313) 561-2893



LEMOYNE GARDENS
DEMBY TERRACES
TWIN TOWERS
CANTERBURY WEST
PARKSIDE ESTATE

Aaron Cooper
EXECUTIVE DIRECTOR

The primary contact and billing information provided below will be used to process payments for services and/or good rendered to our agency. Please complete the required fields to process set-up of your company as a vendor with our agency.

Please be advised that all purchases made on behalf of our agency are tax exempt. Invoices submit for payment should not include sales tax. Michigan Sales and Use Tax Certification of Exemption will be provided upon request.

ACCOUNT INFORMATION FORM

Company Primary Contact Information

Company Name: _____

DBA (If applicable): _____

Primary Contact: _____

Title: _____

Address: _____

Address 2: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Billing Contact Information

Company Name: _____

DBA (If applicable): _____

Primary Contact: _____

Title: _____

Address: _____

Address 2: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company Information

DUNS #: _____

FEIN #: _____

Please include a completed W-9

State Tax ID: _____

Do purchases require a Purchase Order (P.O.)? Yes No

If yes, is P.O. formatting other than Net 30 terms required? Yes (Please submit P.O. Validation rules) No

Are you a section 3 vendor as defined in 24 CFR 135.5.)? Yes No

If yes, place check the box next to the statement which describes your Section 3 qualifications

- 51% or more owned by Section 3 residents
- At least 30 percent of all permanent, full-time employees are currently Section 3 residents, or within 3 years of the date of first employment with the business concern were Section 3 residents.
- Attached is evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all contracts to be awarded to business concerns that meet the qualifications set forth in the two options above.

I understand that I may be required to provide proof of Section 3 business eligibility and agree to provide such data.

Are you a minority owned business? Yes No

If yes, place describe

Authorized Signature

Date

Title

Printed Name