

**CLARKSVILLE HOUSING AUTHORITY
VENDORS/SUPPLIERS APPLICATION**

Please type or print in ink. Attach copies of Clarksville Business License (if you already have them) and insurance.

Firm Name: _____ Date: _____

Business Address: _____

Email Address: _____

Home Number: _____ Office Number: _____

Cellular Number: _____ Fax Number: _____

Federal Tax ID Number: _____

Name and address of all owners, partners, and/or if a corporation, the names of major stockholders and officers:

Name: _____ Owner ___ Partner ___ Stockholder ___ Officer

Address: _____ Phone: _____

Name: _____ Owner ___ Partner ___ Stockholder ___ Officer Address: _____

Phone: _____

*Attach a separate page for additional names

VENDOR/SUPPLIERS SERVICES AND PRODUCTS

Number of years in business: _____ Years in business under present name: _____

Other names business has operated under: _____

What is your Businesses Service/Products for the City of Hopkinsville: (Please list below)

Other cities your business has Services/Products within: _____



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Business References (Banks, Supply Companies to serve as credit references): Please include a Contact Person.

Name	Contract	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customer References (List your last three customers):

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has your business ever been sued or cited to court for collection of a debt? YES _____ NO _____ If yes, when and where? _____

A Vendor/Supplier may be denied approval or may be removed from the Qualified Vendor/Supplier List, with such accompanying publicity as deemed necessary, under certain circumstances, including, but not limited to:

1. That required insurance certificates were not provided. Required insurance including one million dollars (\$1,000,000.00) in Public Liability and Property Damage Insurance for injuries, including accidental death, to any one person and in an amount of not less than fifty thousand dollars (\$50,000.00) on each accident. The Vendor/Supplier will take out and maintain during the life of a contract, Workman's Compensation Insurance for all employees at the site of the project.

2. A Vendor/Supplier fails to maintain a current business license with the City of Clarksville, if work is performed within the City limits of Clarksville.

The undersigned Vendor/Supplier certifies that all information given herein is correct and understands that false or incomplete information may be grounds for denial of approval or removal from the Qualified Vendors/Suppliers List.



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The undersigned further agrees:

Signed: _____ Date: _____

Signed: _____ Date: _____

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Office Use Only: Reviewed by: _____ Date: _____

APPROVED: _____ NOT APPROVED: _____

APPROVED: _____ NOT APPROVED: _____

VENDOR/SUPPLIER APPROVED FOR: _____

Please mail your application to:

Clarksville Housing Authority

Attention: Vendors

712 Richardson Street

Clarksville, TN 37041-0603

