



# New Vendor Registration Profile

(Please Print or Type)

## COMPANY INFORMATION

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip County

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

EIN \_\_\_\_\_ DUNNS# \_\_\_\_\_

## REMIT PAYMENTS TO (Leave blank if same)

Address \_\_\_\_\_  
Street City/State Zip County

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Payment Terms \_\_\_\_\_ Credit Card Payments Accepted?  Yes  No

## TYPE OF BUSINESS (Check all that apply)

- Large (LG)
- Small Business (SB)
- Small Disadvantaged Business (SDB)
- HubZone Small Business (HUB)
- Woman-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Other:(Specify) \_\_\_\_\_

Description of Products of Services:

Under Section 16 of the Small Business Act and Title 13 of the Code of Federal Regulations, any person of concern that knowingly misrepresents the small business size status of a person or concern in connection with the federal government subcontracting opportunities is subject to penalties, including fines, imprisonment and debarment.

\_\_\_\_\_  
Signature Title Date

Return to:  
**Horizons Youth Services, LC, 102 West High Street, Suite 200, Glassboro, NJ 08028**  
Fax: (856) 243-2081 Email: [doingbusiness@horizonsva.com](mailto:doingbusiness@horizonsva.com)