



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, 3318 N. Valley Pike, Rockingham, VA 22802
Fax: (856) 243-2081 Email: doingbusiness@horizonsva.com