



PO Box 5265
Kingsport, TN 37663
423-239-7689

Company Profile Form

The following information is required for any and all service providers, vendors, and suppliers doing business of any kind with Holston Habitat for Humanity.

1. Company Name: _____

2. Business Type: Corp ___ LLC ___ Partnership ___ S Corp ___ Sole Proprietor ___ Other ___
(Describe Other) _____

3. Is your company: a) Certified Minority Owned? ___Y___N b) Certified Woman Owned? ___Y___N
c) Other ___ (Describe Other) _____

4. Physical Address: _____

City: _____ State: _____ Zip: _____

5. Billing Address: _____

City: _____ State: _____ Zip: _____

6. Company Ph. #: _____

7. Company Fax #: _____

8. Contact: _____

9. Contact Ph. # _____

10. Contact email: _____

11. Alternate Contact: _____

12. Alternate Contact Ph. # _____

13. Alternate Contact email: _____

14. Company Tax ID #: _____

(Or if an individual)

15. Social Security #: _____

Name of individual completing this form: _____

Date: _____