

FOR OFFICE USE ONLY

SC CERTIFIED MINORITY VENDOR - <u>YES</u> NO <u>IF</u> YES, SEND A COPY TO THE MBE COORDINATOR

MUSC USE ONLY

MEDICAL UNIVERSITY OF SOUTH CAROLINA
VENDOR BIOGRAPHICAL DATA FORM

Vendors who anticipate doing business with MUSC, please furnish the following information. Type or print in ink. All information must be furnished.

Return to: Medical University of South Carolina, Attention: Administrative Services, Department of Procurement, 19 Hagood Avenue, Suite 505, P.O. Box 250824, Charleston, S.C. 29425, fax to (843) 792-3884 or e-mail to Cravenb@musc.edu

For additional forms, visit our web site at <http://musc.edu/procurement/procurmt.htm>

_____ Fed. Employer I.D. No. (if Company) _____ Company Name/Main
Address _____

OR

_____ Social Sec. No. (if sole proprietor) _____

_____ - _____ - _____

_____ Previous Company Name/Address (if applicable) _____ Mailing address (if different from
above) _____

Type of organization (check one) _____ If incorporated, when and in which
state _____ Date _____ State _____
Corp. _____ Individual _____ Partnership _____
Private _____ Private Non-Profit _____

Applicant is: (check one) Mfg. _____ Auth. Dist. _____ Service _____ Retail Dealer _____ Factory Rep. _____ Other _____

Remit to Address for Payment:

***IF BUSINESS IS A SOLE PROPRIETORSHIP, WE MUST HAVE THE OWNER'S NAME AND SOCIAL SECURITY NUMBER ABOVE, AND THE LEGAL BUSINESS NAME.**

South Carolina Certified Minority Vendor? Yes _____ No _____ (If yes, show (list) Certification Number) _____

If a non-resident South Carolina taxpayer, are you on file with the South Carolina Department of Revenue?: yes _____ No _____ If yes, please provides information on the REQUIRED I-312 form and return with this form .

How long in present business? _____ Number of persons now employed? (full time) _____

References (name and address):
a. Other governmental units or businesses that you have sold to or serviced. (list at least three)
Name Address City, State, Zip

Name of Owner, Members or Officers of Concern, Partnership, or Corporation
President _____ Vice President _____

