



VENDOR REGISTRATION FORM

GENERAL INFORMATION (All fields required except Fax #)

Vendor Name: _____ Type of Business:

Street Address: _____

Administrative/Professional Services

City: _____

Construction

State: _____ Zip Code: _____

Goods/Services/Equipment

Phone: _____

Email: _____ Fax # _____

Contact Person: _____ Contact Person's Title: _____

Number of Years Company has been in Business: _____

Number of Employees: _____

VENDOR SERVICES AND/OR PRODUCTS (Select at least 1)

Accessories & Parts

Accounting

ADA Compliance

Administrative/Secretarial

Architecture/Engineering

Asphalt Repair

Automobile Repair/Supplies

Cabinet Installation

Cleaning Services

Collections

Community Support

Computer Software

Computers, Peripherals

Concrete Repair

Construction Management

Construction: New

Construction: Repair

Consulting (Various)

Copiers

Demolition

Electrical Supplies

Elevators

Energy Services (Utilities)

Equipment Small Tools

- | | |
|---|--|
| <input type="checkbox"/> Fire Repair Restoration | <input type="checkbox"/> Fire Suppression & Inspection |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Grounds Equipment |
| <input type="checkbox"/> Hazardous Material Removal | <input type="checkbox"/> Heating Parts |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Janitorial Supplies |
| <input type="checkbox"/> Land Surveying | <input type="checkbox"/> Landscaping Services |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Locks & Supplies |
| <input type="checkbox"/> Lumber | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Moving & Packing | <input type="checkbox"/> Mowing Services |
| <input type="checkbox"/> Office Furniture | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Paint & Painting Supplies | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Plumbing Supplies | <input type="checkbox"/> Refrigerator Parts/Service |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Security Alarm Systems |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Structural Supplies | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Training | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Vending Services | <input type="checkbox"/> Waste Removal |
| <input type="checkbox"/> Water Repair Restoration | <input type="checkbox"/> Web Services |
| <input type="checkbox"/> Other: _____ | |

SUBMISSION

Please send completed form via:

Email: BMHA@butlermetro.org

Fax: 1-513-896-9381

Mail: BMHA

ATTN: PROCURMENT

4110 Hamilton-Middletown Road

Hamilton, OH 45011

DISCLAIMER

The completion and submission of the Vendor Registration Form does not guarantee any amount of work with BMHA. Submission of this form means that the Vendor is registered to conduct business with BMHA as opportunities are made available.