

Application for Vendor Registration (Houston Office)

		Applicant	Information				
Company N	Vame (as it appears or	n W-9):					
DBA (if dif	ferent from above):						
Employer Id	lentification Number (EIN) or Tax Payer Identific	cation Number (TIN	4):			
Employer ic	continuation (value)	Entry of Tux Tuyer Identific	cuton (unioci (III	·/·	Format: NN-NNNNNNN		
If a individu	al, Social Security Nur	mber (enter the last 4 digits	s):				
	,	`	,	Format:	SSN (000-00-NNNN)		
Contact Person:				Position:			
	Las	t First					
Address:							
	Street Address				Suite/Unit #		
	City			State	ZIP Code		
Phone:			Fax:				
E-mail:			Website:				
L mun.		_	Website.				
		Company	Background				
Industry:			Year established				
Type of Or	ganisation (Please ch	eck)					
☐ Partnersh		☐ Limited Liability	Company (LLC)		☐ Corporation		
Other (please explain)							
Turnover (last financial year) Ended:// US\$							
N. of employees No. of branches							
No. of international offices:							
Good or Services Offered							
Sectors for G	ood or Services Offered	(please check):					
□ ЕХНІВІТ	ION, FAIRS AND RELA	ATED SERVICES					
_	AND GENERALE SUPP						
☐ FURNITURE AND ELECTRONIC EQUIPMENT							
□ WORK A	ND MAINTANCE						
□SERVICE	☐ SERVICES AND CONSULTANCY						



Description of good/services:							
Individual Person Only							
Please attach a copy of your resume.							
Are you a Citizen of the Republic of Italy?	YES	NO					
If YES, please state the country and state of your	fiscal residency:						
If YES, please attach the "Dichiarazione ai Sensi del identification.	D.P.R. 28 Dicembre 2	000 N. 445", in addition	n to a valid copy of				
Disc	laimer and Signat	ure					
I certify that I have read, understood and I agree to and complete to the best of my knowledge and I			my answers are true				
Date and Place							
Name and Title							
Signature							