PP4 Vendor Information			
1. Company Name			2. Date
3. Street Address			4. Tax I.D. No.
5. City, State Zip Code			
6a. Telephone	6b. Toll-Free	7. Fax Number	8. Web Site
9. Contact:		9a. Telephone	9b. E-Mail Address
10. Remittance Address, if different from above. Include City, State & Zip Code			
11. Description of Goods and Services Offered			
12. Number of Years in Business 13. Type of Firm (i.e., corporation, partnership, etc.)			
14. Owners			
15. Are you a Disadvantaged Business Enterprise? Check all that apply:  ☐ M-DBE – Minority-owned ☐ W-DBE – Woman-owned ☐ DS-DBE – Disabled-owned ☐ None of these			
16. Are you certified as a disadvantaged business by any state, local, or other governmental entity?  Yes No Name of certifying agency:			
17. Are the employees of your firm unionized? If yes, what locals are represented:			
18. REFERENCES			
Company Name			Telephone
Street Address			Contact Person
City, State Zip Code			
Company Name			Telephone
Address			Contact Person
City, State Zip Code			
Company Name			Telephone
Address			Contact Person
City, State Zip Code			
Please note that additional information may be required before any business can be transacted, including financial and insurance information.  Mail to: Katherine M. Rhoads, Philadelphia Parking A 3101 Market Street Philadelphia, PA 1910 or fax to: 215 683-9697			thority