

# UIDA Business Service

A subsidiary of the National Center for American Indian Enterprise Development

## CLIENT APPLICATION

Company Name: \_\_\_\_\_

Business Owner(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: (If different from mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

DUNS #: \_\_\_\_\_ CAGE CODE: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\*e-mail: \_\_\_\_\_ Dedicated fax line? Yes \_\_\_\_\_ No \_\_\_\_\_

Website (URL): \_\_\_\_\_

### Type of Business

<input type="checkbox"/> Disadvantaged Business (SDB)	<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Small Business
<input type="checkbox"/> Certified HUBZone	<input type="checkbox"/> Distressed (LSA)	<input type="checkbox"/> Central Contractor Reg.(CCR)
<input type="checkbox"/> Located in HUBZone	<input type="checkbox"/> Certified SDB	<input type="checkbox"/> 8(a) <input type="checkbox"/> SBA PRO-Net
<input type="checkbox"/> Mfg. Or Producer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Reg. Dealer
<input type="checkbox"/> R and D	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Service <input type="checkbox"/> Construction

### Organizational Type:

Sole Proprietor  Corporation  Partnership  For -Profit  Tribally Owned

Where incorporated: \_\_\_\_\_

\*\*Name of Tribe or Indicate Tribal heritage of Owner(s): \_\_\_\_\_ Location: \_\_\_\_\_

Is this the business on a Reservation? \_\_\_\_\_ If YES, Name & Location of Reservation \_\_\_\_\_

Type Tribal Recognition (check one) Federal \_\_\_\_\_ State \_\_\_\_\_ NAI Organization \_\_\_\_\_ Self-Certified \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Date Started: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Congressional Districts: \_\_\_\_\_ State: \_\_\_\_\_ Federal: \_\_\_\_\_

Where do you do business? Nationwide \_\_\_\_\_ International \_\_\_\_\_ List specific states or countries \_\_\_\_\_

### **Description of Products or Services Offered: (Attach a brochure if available)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIC/NAICS codes: \_\_\_\_\_

### **Check which services you would like to have your bids pulled from:**

<input type="checkbox"/> CBD Bids (Commerce Business Daily)	<input type="checkbox"/> DLA Bids (Defense Logistics Agencies-under \$100K purchases)
<input type="checkbox"/> Local Bids	<input type="checkbox"/> International Bids
<input type="checkbox"/> Non-Federal (State & Local)	<input type="checkbox"/> EDI (must be EDI capable)

*I request business management counseling from UIDA. I agree to cooperate should I be selected to participate in surveys designed to evaluate UIDA assistance services. I authorize UIDA to furnish relevant information to the assigned counselors although I expect that this information to be held in strict confidence to the extent allowable by law.*

*I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of UIDA furnishing management or technical assistance, I waive all claims against UIDA personnel and its host organizations arising from this assistance.*

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Title of Requester

\_\_\_\_\_  
Date

\*All bid notices will be sent directly to email address provided. If there is no email, bids will be faxed and then mailed as the last resort.

\*\* PLEASE ATTACH A COPY OF THE OWNER(S) TRIBAL ID, LETTER, ETC., OR SUBMIT A STATEMENT OF HERITAGE.

<Client Application Continued>

List specific types of leads you want and include **keywords** that pertain to your company for bid matches:

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List any specialized equipment used in your business that you'd want a client to know about:

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List any current and past "Government" customers:

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List any current and past "Commercial " customers:

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Description of plant or facility: (bldg, rooms, square feet, etc.)

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Special Recognition, Certificates, Licenses or Awards:

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List any other information about your company that you'd want a potential client to know:

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**IF you have any additional questions or need any help with the completion of the application please call 770-494-0431**

**Send your completed application form to:**

**UIDA Business Services  
86 S. Cobb Drive, MZ: 0510,  
Marietta, GA. 30063-0510  
or  
Fax to: 770-494-1236**

