



BUSINESS PROFILE FORM

I. COMPANY INFORMATION:

Name of Company _____
Address _____ City _____ State _____ Zip _____
Name/Title of Contact Person _____
Telephone # _____ Fax # _____
Federal ID Number _____ Approved SIC/NAICS Code(s) _____
Type of Firm and Year Started:
_____ Sole Proprietorship/Year _____ Joint Venture/Year _____
_____ Partnership/Year _____ Other/Year _____
_____ Corporation/Year _____ (Specify) _____

II. OWNERSHIP INFORMATION:

Race/Ethnicity: _____
_____ African American _____ Hispanic American
_____ Native American _____ Asian Pacific
_____ Asian American _____ Women-owned
_____ Other Nationality (Specify) _____
Must provide proof company is at least 51% owned.

III. SMALL BUSINESS INFORMATION:

Products and/or Services _____
Number of Employees _____
Gross Sales for Past Three Years _____
_____ 3 Years Ago \$ _____ 2 Years Ago \$ _____
_____ 1 Year Ago \$ _____ Average Sales \$ _____
Geographic Area Serviced: _____

IV. CERTIFICATION:

Please provide information about any Minority, Women-owned or Small Business certifications currently held by your company from the following:

City _____
State _____
Federal _____
Business Development Councils _____
Small Business Administration _____
Other _____

A copy of any certificate or other documentation should be returned with this profile.

V. ACKNOWLEDGEMENT:

The undersigned acknowledges that the above information is true and accurate.

(Printed Name) _____ (Title)

(Signature) _____ (Date)

Return to: Vikky Bates, System Contracting, University of Maryland Medical System, 22 South Greene Street, Baltimore, MD 21201-1595 Fax: 410-328-6127