THUNDER
DISASTER SERVICES, INC.

NOTES:

2009 DISASTER SUPPLIER INFORMATION FORM

Date: _____

Contact Information		
Company:		
Contact Name:		County:
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Contact Phone 1:	Contact Phone 2:	
E-mail Address:	Company Website:	

Company Background	
Nature of product supplied/services performed:	
Geographic areas willing to work: ❑ Entire NE ❑Entire SE ❑ Entire NW ❑Entire MW ❑ Entire US ❑Other:	Additional States:
Social Economic Status: (Check appropriate box(es), and if applicable list SBA Certificate Number and if a Minority Owned Business, please list national origin) □ Small □ Small Disadvantaged □ Hub-zone Small □ Woman Owned Small Business □ Veteran Owned Small Business □ Service Disabled Vet. Owned Small Business □ Large Business □ Other	
Certificate Number: (List all Cert. #'s)	
Principal Name:	
Do you use lease employees, direct hire, or both?	
Number of Employees:	Years in Business:
D&B Number:	

Fax (828) 452-6993 or mail completed form. If you need assistance please call (828) 452-3335.