



Black On Black Crime Solutions Panel
Vendor Application Form
2016

Company/Organization Name _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
CEO Name _____ CEO Title _____
CEO E-mail _____ CEO Phone _____
Marketing E-mail _____
Federal Tax ID Number _____
Company's Web Site(s): _____

----- COMPANY INFORMATION -----

Organization Type: Sole Owner Corporation S-Corp.
Nonprofit? Yes No
Mentor Program: Mentor Company _____
Are you: Small Business? Minority-Owned Business? Veteran-Owned
Business? Women-Owned Business? Veteran Disabled-Owned Business?
Other Socioeconomic Factor(s)? _____
Contact Information _____ Phone Number _____
Does your company accept credit/debit cards? Yes No
Products/Services (short narrative): _____

Note: 1 Table and 2 Chairs Will Be Supplied.

Fees: \$75 for Nonprofits - \$100 for all other vendors.

Make Checks To: The Courage To Believe International, Inc. - Thank you.