



SUBSCRIPTION SERVICES APPLICATION

*Please answer all questions as completely as possible.
If a particular question does not apply to your business operation, write "N/A" (not applicable) in the space provided.*

DATE OF APPLICATION		
NMSDC AFFILIATE COUNCIL WHERE COMPANY OBTAINED ORIGINAL CERTIFICATION	CERTIFICATION DATE	
COMPANY		
DBA (IF APPLICABLE)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	FEIN OR SOCIAL SECURITY NUMBER
WEBSITE ADDRESS	E-MAIL ADDRESS	
KEY CONTACT'S NAME (PREFERABLY OWNER/PRINCIPAL)	KEY CONTACT'S TITLE	

IN THE SPACE BELOW, PLEASE GIVE A CONCISE DESCRIPTION OF YOUR COMPANY'S PRODUCT(S) OR SERVICE(S) AS DOCUMENTED BY YOUR HOME COUNCIL. THE DESCRIPTION BELOW WILL BE PLACED IN OUR DATABASE AND ONLINE DIRECTORY.

NAICS CODE(S)

OWNER(S) INFORMATION:

OWNER NAME & TITLE	ETHNIC ORIGIN	GENDER (M/F)	CITIZENSHIP*	OWNERSHIP%**
OWNER NAME & TITLE	ETHNIC ORIGIN	GENDER (M/F)	CITIZENSHIP*	OWNERSHIP%**
OWNER NAME & TITLE	ETHNIC ORIGIN	GENDER (M/F)	CITIZENSHIP*	OWNERSHIP%**
OWNER NAME & TITLE	ETHNIC ORIGIN	GENDER (M/F)	CITIZENSHIP*	OWNERSHIP%**

* CITIZENSHIP STATUS: 1 = BY BIRTH OR 2 = NATURALIZED CITIZEN | **OWNERSHIP MUST TOTAL 100%

TYPE OF BUSINESS (CHECK PRIMARY FUNCTION):

- BROKERS/AGENTS (BA) MANUFACTURER (MF) MANUFACTURER'S REP (MR)
- CONSTRUCTION CONTRACTOR (CC) CONSULTANT/PROFESSIONALS (CP) SERVICE CONTRACTOR (SC)
- DISTRIBUTOR (DS) OTHER: _____

TYPE OF LEGAL BUSINESS STRUCTURE:

- CORPORATION LIMITED LIABILITY COMPANY (LLC) LIMITED LIABILITY PARTNERSHIP (LLP)
- GENERAL PARTNERSHIP SOLE PROPRIETORSHIP*

* NMSDC'S DEFINITION OF SOLE PROPRIETORSHIP IS A COMPANY OWNED/OPERATED 100% BY ONE (1) INDIVIDUAL OR MARRIED COUPLE. SPLIT OWNERSHIP DOES NOT CONSTITUTE SOLE PROPRIETORSHIP.

DATE BUSINESS WAS ESTABLISHED _____

DOES YOUR FIRM HOLD 8(a) CERTIFICATION?: YES NO

PLEASE PROVIDE THE MOST CURRENT GROSS RECEIPTS OF YOUR FIRM: _____ YEAR ENDING _____ EARNINGS _____

GEOGRAPHIC MARKET (CHECK AS APPLICABLE). LIST LOCATIONS THAT THE FIRM SERVES OR IS CAPABLE OF SERVING:

- LOCAL: _____
- REGIONAL: _____
- NATIONAL: _____
- INTERNATIONAL: _____

PROVIDE THREE CURRENT CUSTOMER REFERENCES:

COMPANY #1 _____ BUYER _____ PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COMPANY #2 _____ BUYER _____ PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COMPANY #3 _____ BUYER _____ PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____



PAYMENT AUTHORIZATION FORM

PAYMENTS MAY BE MADE WITH A COMPANY CHECK OR CREDIT CARD.
PLEASE RETURN APPLICATION WITH THE APPROPRIATE NON-REFUNDABLE SUBSCRIPTION SERVICES FEE TO:

ChicagoMSDC
216 W. Jackson Blvd
Suite 600
Chicago, IL 60606
ATTN: Certification Department

THE FEE FOR ChicagoMSDC SUBSCRIPTION SERVICES ARE BASED ON ANNUAL GROSS SALES. CHECK AS APPLICABLE:

- \$300 (<\$1 MILLION)
 \$550 (\$1 to \$10 MILLION)
 \$675 (\$10 to \$50 MILLION)
 \$875 (>\$50 MILLION)

ENCLOSED, PLEASE FIND MY COMPANY CHECK FOR \$_____ PAYABLE TO ChicagoMSDC.

CREDIT CARD INFORMATION

- AMERICAN EXPRESS
 DINERS CLUB/
CARTE BLANCHE
 DISCOVER
 MASTER CARD
 VISA

COMPANY CONTACT

BILLING ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

_____ _____
TELEPHONE E-MAIL ADDRESS

_____ _____ _____
CREDIT CARD NUMBER EXPIRATION DATE VERIFICATION CODE

CARDHOLDER'S NAME (TYPED/PRINTED)

CARDHOLDER'S SIGNATURE *(ChicagoMSDC will not process payment without cardholder's signature)*

If you have any questions, please contact ChicagoMSDC at jtraylor@chicagomsvc.org or 312-755-2551.