



## 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.

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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

