



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
105 W. Adams Street
Suite 2300
Chicago, IL 60603
ATTN: Certification Department

FAX: 312.755.8890

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 info@chicagomsgdc.org or 312.755.8880.