

UNIFIEDTEK CORPORATION

Strategic Partner and Supplier Registration

General Information

Company Name			
Mailing Address	Street Address		
	City	State	ZipCode
Company Established	Year _____ Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
Contractor and/or Business License Number	Number	Type	Issued By
Federal Taxpayer I.D. No.			
Contact Person	Name	Title	Phone
	E-mail	Web site	

Product Information & References

Brief description of Product/Service Offered	<hr/> <hr/> <p>* Please identify your NAICS and SIC codes for each product and service.</p>		
What area can you serve?	<input type="checkbox"/> Kansas / Missouri <input type="checkbox"/> Nationwide <input type="checkbox"/> Other:		
Two Largest Clients within the previous year.	Company	Contact Name	Tel. Number
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>

Capacity Information

Gross Sales (Past 3 Years)			
Largest Contract Awarded	Client	Amount	
Is Company Bonded/Insured?	Bonded <input type="checkbox"/> No <input type="checkbox"/> Yes, How much?	Insured <input type="checkbox"/> No <input type="checkbox"/> Yes, How much?	
Number of Employees	Full-time	Part-time	

Ownership Verification

Principal Officer(s) of Company	Name	Title
	<hr/>	<hr/>
	<hr/>	<hr/>
Is company a Veteran owned, MBE, WBE, DVBE or other entity certified by the SBA? Yes _____% No	If YES, indicate % of ownership and please attach a copy of your certificate.	

The undersigned declares that the information provided is true and correct, and consents to the Bank verifying this information.

Signature:	Title:	Date:	Event:
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Revised: 11-Nov-2003

Return Information to:

UnifiedTek Corporation, Attn: Contract Administration

PO Box 8641 Shawnee Mission, Kansas 66208

● Telephone Number: (913) 768-6965 ● e-mail: sales@unifiedtek.com