



Capital Area Transportation Authority

Vendor Application

BUSINESS NAME _____

CONTACT PERSON & TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ FAX () _____

EMAIL _____

FEDERAL (TAX) IDENTIFICATION NUMBER _____

BUSINESS TYPE: CORPORATION LLC INDIVIDUAL SOLE PROPRIETOR

OTHER (EXPLAIN) _____

WHAT DO YOU WANT TO SELL TO CATA?

IS YOUR FIRM A:

CERTIFIED DBE CERTIFICATION# _____

WOMAN-OWNED BUSINESS

COMMENTS:

SUBMIT APPLICATION TO:

Ray E. Irvine

Purchasing & Contracts Manager

4615 Tranter Street, Lansing, MI 48910

r Irvine@cata.org | 517 394-1100