



Capital Area Transportation Authority

Vendor Application

BUSINESS NAME _____ Web Site (if applicable): _____
CONTACT PERSON & TITLE _____ E-Mail _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE (____) _____ CELL PHONE _____ FAX (____) _____
FEDERAL (TAX) IDENTIFICATION # or SSN _____
BUSINESS TYPE: CORPORATION LLC INDIVIDUAL SOLE PROPRIETOR
 OTHER (EXPLAIN) _____
BUSINESS DESIGNATION/CLASSIFICATION (Check All That Apply):
 CERTIFIED DBE CERTIFICATION # _____ NUMBER OF YEARS IN BUSINESS _____
 WOMAN-OWNED BUSINESS SMALL BUSINESS ENTERPRISE (Per Federal Guidelines)

WHAT DO YOU WANT TO SELL TO CATA?

REFERENCES:

	FIRM OR ORGANIZATION	CONTACT NAME	PHONE#
1.			
2.			
3.			

SUBMIT APPLICATION TO:

Beverly Anderson, Purchasing & Contracts Manager
4615 Tranter Street, Lansing, MI 48910
banderson@cata.org | 517-394-1100