

NEW SUPPLIER REQUEST FORM

This Form must be completed and returned in order for your company to become evaluated for approval as a supplier and any orders places for goods or services.

Section 1: Supplier Information

NAME AND ADDRESS	<u>COMPANY LEGAL NAME:</u>	<u>COMPANY TRADING NAME (DBA):</u>
	<u>PHYSICAL ADDRESS:</u>	<u>REMIT TO ADDRESS:</u>
	<u>CITY, STATE/PROVINCE, ZIP:</u>	<u>CITY, STATE/PROVINCE, ZIP:</u>
	<u>COUNTRY:</u>	<u>COUNTRY:</u>
BUSINESS STATUS	<u>TAX IDENTIFICATION #:</u>	<u>SOCIAL SECURITY # (if applicable):</u>
	<u>YEARS IN BUSINESS:</u>	<u>GST # (if applicable):</u>
	<u>DUNS# (if applicable):</u>	<u>UNSPSC CODE#:</u>
	<u>TYPE:</u> <input type="checkbox"/> PUBLIC COMPANY <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> SOLE TRADER	
	<u>OWNERSHIP (Certificate must be attached):</u> <input type="checkbox"/> COMMUNITY SMALL BUSINESS <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> SMALL, WOMEN AND MINORITY <input type="checkbox"/> MINORITY <input type="checkbox"/> WOMEN <input type="checkbox"/> SMALL BUSINESS ENTERPRISE <input type="checkbox"/> DISABLED VETERAN	
FINANCIAL CONTACT	<u>NAME:</u>	<u>TELEPHONE:</u>
	<u>TITLE:</u>	<u>CELL:</u>
	<u>EMAIL:</u>	<u>FAX:</u>
OPERATIONS CONTACT	<u>NAME:</u>	<u>TELEPHONE:</u>
	<u>TITLE:</u>	<u>CELL:</u>
	<u>EMAIL:</u>	<u>FAX:</u>

Section 2: Products / Services

Section 3: References

	<u>Company Name</u>	<u>Contact Name</u>	<u>Title</u>	<u>Contact Information</u>	<u>Years as a Customer</u>
<i>Reference #1:</i>				PHONE: EMAIL:	
<i>Reference #2:</i>				PHONE: EMAIL:	
<i>Reference #3:</i>				PHONE: EMAIL:	

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____