

## SUPPLIER GENERAL INFORMATION FORM

Company Name \_\_\_\_\_

Headquarters Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit to Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Vendor Diversity Classification

Ownership *(select all that apply)*:  N/A  Minority Owned  Woman Owned  Veteran Owned

Additional Classification Choice 1 *(select from drop down)*:

Additional Classification Choice 2 *(select if applicable from drop down)*:

### Contact Information

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Receivable Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Legal Structure

Organization Type:

Organization Other Explanation: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ SIC Code: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Are you a regulated entity?  Y  N  N/A

If so, what entity(ies) are you regulated by? \_\_\_\_\_

Services Provided *(please provide a short description of your company, services, etc.)*: \_\_\_\_\_

### Supporting Documentation

- |                             |   |                            |   |
|-----------------------------|---|----------------------------|---|
| • W-9 (required)            | <input type="radio"/> Y <input type="radio"/> N | • SOC 1/SOC 2              | <input type="radio"/> Y <input type="radio"/> N |
| • Payment Option (required) | <input type="radio"/> Y <input type="radio"/> N | • Business Continuity Plan | <input type="radio"/> Y <input type="radio"/> N |

### Submission Information

Date Submitted \_\_\_\_\_

Submitted by (Name/Title) \_\_\_\_\_