



# SUPPLIER INFORMATION FORM

BUSINESS NAME					
BUSINESS ADDRESS		CITY	STATE	ZIP	
REMITTANCE ADDRESS		CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	FAX NUMBER		
TITLE		EMAIL			
NUMBER OF EMPLOYEES		GROSS ANNUAL SALES FOR MOST RECENT YEAR (20 )			
FEDERAL ID NUMBER / BUSINESS NUMBER (Canadian Companies Only)		DUNS NUMBER			
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER _____		<b>BUSINESS ENTITY TYPE</b> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORP <input type="checkbox"/> OTHER _____			
<b>GEOGRAPHICAL SERVICE AREA</b> <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> NATIONAL		<input type="checkbox"/> REGIONAL SPECIFY STATE _____ <input type="checkbox"/> LOCAL SPECIFY CITY _____			
<b>BUSINESS CLASSIFICATION</b> <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> SVC DISABLED VETERAN OWNED SMALL BUS. <input type="checkbox"/> VETERAN OWNED SMALL BUSINESS <input type="checkbox"/> HUB ZONE <input type="checkbox"/> WOMAN OWNED BUSINESS ENTERPRISE <input type="checkbox"/> MINORITY OWNED BUSINESS ENTERPRISE		<b>REQUIRES PROOF OF CERTIFICATION</b>			
		Included	Effective Date	Expiration Date	Certification Agency
		<input type="checkbox"/>	_____	_____	_____
		<input type="checkbox"/>	_____	_____	_____
		<input type="checkbox"/>	_____	_____	_____
		<input type="checkbox"/>	_____	_____	_____
		<input type="checkbox"/>	_____	_____	_____
		<input type="checkbox"/>	_____	_____	_____
SMALL BUSINESS SBA NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)					
PRIMARY NAICS CODE _____		OTHER NAICS CODES _____			

I HEREBY CERTIFY THAT THE COMPANY CLASSIFICATION THAT I HAVE CHOSEN IS TRUE AND CORRECT. I WILL ADVISE TOTAL SAFETY IF OUR CLASSIFICATION SHOULD CHANGE.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE