



Supplier Set-up Form

New Request
 Name Change
 Address Change

Incomplete or illegible forms will be returned and cause delays in orders and payments.

Part I Business Name & Address; Remit Payment Address

Business Name:		Remit Name (if different):	
DBA or Division (if applicable):			
Address:		Remit Address:	
City, County, State:		City, County, State:	
Country:	Zip+4 or Postal Code:	Country:	Zip+4 or Postal Code:
Telephone:	Fax:	Telephone:	Fax:

Part II Business Information

Dun & Bradstreet No.: 800-234-3867

Business Status (Check one only):

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Private Foundation | <input type="checkbox"/> Non-US Entity | |

The supplier represents and certifies it is a (Check one only as defined at www.SBA.gov):

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Small Disadvantaged Business:
		____ / ____ / ____
NAICS or SIC Code used to determine size.		Certification Date

Note: If U.S. Small Business Administration Certified, please attach a copy of certification letter/form.

Business Owner Category (Check all that apply and refer to www.SBA.gov):

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Service Disabled Veteran |
| <input type="checkbox"/> Minority | <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> Disadvantaged |
| <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Historical Black College / Minority Institution | <input type="checkbox"/> N/A |

Part II Business Information (cont'd)

Business Activity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Rentals | <input type="checkbox"/> Royalties | <input type="checkbox"/> Consultant/Professional Fees |
| <input type="checkbox"/> Medical/Health Care | <input type="checkbox"/> Legal Firm/Attorney | <input type="checkbox"/> Merchandise (goods) Only |
| <input type="checkbox"/> Service Only | <input type="checkbox"/> Merchandise and Service | |

Business Type:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Distributor | <input type="checkbox"/> Manufacturing/Distributor |
| <input type="checkbox"/> Fabricator | <input type="checkbox"/> Consultant | <input type="checkbox"/> Processor |
| <input type="checkbox"/> Service/Software | <input type="checkbox"/> Other: | |
-

ISO Certified (circle one): **Yes** **No**

If yes, please attach copy of certificate. If no, please provide contact information for quality manager in this space.

If on-site services are to be provided:

Please note license number in this space and attach copy of certificate of workman's compensation insurance.

Credit Terms:

Please note credit terms in this space.

Please provide a copy of your signed form W-9 with this document.