



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):
<input type="text"/>	<input type="text"/>

DBA or Division (if applicable):

Address:	Remit Address:
<input type="text"/>	<input type="text"/>

City, County, State:	City, County, State:
<input type="text"/>	<input type="text"/>

Country:	Zip+4 or Postal Code:	Country:	Zip+4 or Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone:	Fax:	Telephone:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Business Information

Dun & Bradstreet No.:
800-234-3867

Business Status (Check one only):

- Individual/Sole Proprietor Corporation Partnership
- Trust/Estate Government Agency Non-Profit Organization
- Private Foundation 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:
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
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):

- Woman Native American Indian Service Disabled Veteran
- Minority Veteran Owned Disadvantaged
- HUB Zone Historical Black College / Minority Institution 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.