



# Leonardo US - Electronics

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):

Large Business   
  Small Business   
  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):

- Woman   
  Native American Indian   
  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 /<br>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.
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**If on-site services are to be provided:**