



Supplier Data Sheet

email to: Rebecca.P.Vestal@dom.com

Complete and return to:

EFT Setup Change Address

Minimum fields: 1, 4, 5, 8, 9, 14, 15, 16, 29, 30, 31, 32

1. Legal Name of Company/Customer/Organization		2. Standard abbreviation or Trade Name your Company is known by (if applicable)		3. Purchase Order Mailing Address		4. Federal Tax ID Number					
5. Payment Address (Street, City, State, Zip Code)		6. Federal Tax ID Number		7. Primary SIC/NAICS No.		8. Telephone Number (Area Code) Extension					
9. Fax Number (Area Code)		10. Contact(s)		11. E-Mail Address		12. Principal Owner(s)					
13. U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Bank Name		15. Bank ABA (9 digits)		16. Account Number					
17. City and State		18. Legal Name of Company Subsidiaries		19. Number of Employees (include affiliates)		20. Gross Annual Sales					
21. Year		22. Number Years Established		23. Is your company listed in PRO-NET/Certified by SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. Major Product Lines (attach applicable literature)					
25. Legal Structure		26. Service Area		27. Operates as		28. Certification					
<p>The above-named company certifies that, under Public Law 95-507 and the definitions established by the Small Business Administration (on reverse side), it is classified as: (If you qualify as both a women-owned and a disadvantaged business, please indicate both categories.) The Federal Government may impose a penalty against any firm misrepresenting their business size, disadvantaged status, and/or gender for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the contractor's subcontracting plan.</p> <table border="0"> <tr> <td> Business Type <input type="checkbox"/> Small Business <input type="checkbox"/> Large Business </td> <td> Ownership and Percentage (Select all that apply) <input type="checkbox"/> Disabled Business _____ % <input type="checkbox"/> Disadvantaged Business _____ % <input type="checkbox"/> HBCU Business <input type="checkbox"/> HUBZone Business </td> <td> <input type="checkbox"/> Service-disabled Veteran-owned Business _____ % <input type="checkbox"/> Veteran-owned Small Business _____ % <input type="checkbox"/> Women-owned Business _____ % </td> <td> Ethnic Origin (If classified as "disadvantaged" business)*: <input type="checkbox"/> Black Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Asian - Pacific Americans <input type="checkbox"/> Subcontinent - Asian Americans <input type="checkbox"/> Other Minority (specify below) </td> </tr> </table> <p>*(See back of form for definitions)</p>								Business Type <input type="checkbox"/> Small Business <input type="checkbox"/> Large Business	Ownership and Percentage (Select all that apply) <input type="checkbox"/> Disabled Business _____ % <input type="checkbox"/> Disadvantaged Business _____ % <input type="checkbox"/> HBCU Business <input type="checkbox"/> HUBZone Business	<input type="checkbox"/> Service-disabled Veteran-owned Business _____ % <input type="checkbox"/> Veteran-owned Small Business _____ % <input type="checkbox"/> Women-owned Business _____ %	Ethnic Origin (If classified as "disadvantaged" business)*: <input type="checkbox"/> Black Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Asian - Pacific Americans <input type="checkbox"/> Subcontinent - Asian Americans <input type="checkbox"/> Other Minority (specify below)
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29. Name (Print)		30. Signature		31. Title		32. Date					

Internal Use Only	
Company Code	Purchasing Organization
Vendor Number <input type="checkbox"/> New <input type="checkbox"/> Change	
Vendor Number <input type="checkbox"/> New <input type="checkbox"/> Change	
Buyer Signature	Tie Line Date