



To be completed by Supplier

Supplier Name:

REMIT TO ADDRESS INFORMATION: This address will be used for billing and purchasing.

Street:
Street 2:
City/Town: State: Zip: Country:
Phone (no spaces): Cell Number (no spaces):

W-9 ADDRESS: This address MUST match the address on file with the state your business is registered with.

Street:
Street 2:
City/Town: State: Zip: Country:
Email: Fax:

VENDOR TAX INFORMATION (Either SSN or Federal Employer ID Number):

SSN: OR FEIN #:

MINORITY AND WOMEN'S BUSINESS ENTERPRISE INDICATOR:

Are you a minority- or woman-owned business?

Minority Business Enterprise (MBE) Minority/Women-Owned (MW)
 Women-Owned Business Enterprise (WBE)

If yes, please enter the following: Certification Date:
AND Withholding Tax Code:

VETERAN BUSINESS INDICATOR:

Are you a veteran-owned business?

Veteran-Owned Business
 Service Disabled Veteran-Owned Small Business (SDVOSB)

The following additional documents are required when submitting this form:

1. A completed W-9 form, with a matching address listed on the state's website where you are registered to do business. The W-9 must be signed and dated within the last 2 years.
2. Certificate of Insurance - Required for all Suppliers that will be on GCNA properties including delivery, maintenance, or pickup.