



DATE: _____

Supplier Application Form

This application is for The CBORD Group, Inc. use only. Your cooperation in answering all questions completely and accurately will assist us in the evaluation of your company for inclusion in our approved vendor resource list.

Please type or print with black ink. Insert N/A in areas not applicable.

FULL NAME OF COMPANY					FOR CBORD USE ONLY	
OWNER'S NAME (if sole proprietorship)					VENDOR NUMBER	
ADDRESS OF MAIN OFFICE (include city, state and zip code)					SUFFICE CODE	
					CBORD REQUESTER Purchasing A/P	
ORDER FROM/REMITTANCE ADDRESS (include city, state and zip code)						
TELEPHONE NUMBER	TOLL FREE NUMBER	FAX NUMBER	FEDERAL ID #	DUNN & BRADSTREET #		
CONTACT PERSON	TITLE	PHONE	WEBSITE ADDRESS			
BUSINESS ORGANIZATION/TYPE OWNERSHIP (Check all that apply)						
CORPORATION	MANUFACTURER	CONSULTANT	SERVICES	CONSTRUCTION		
SOLE PROPRIETOR	MINORITY OWNED	WOMEN OWNED	DISTRIBUTOR			
PARTNERSHIP	SALES REPRESENTATIVE	SMALL DISADVANTAGED BUSINESS				
IS YOUR COMPANY CERTIFIED WITH A REGIONAL MINORITY COUNCIL?			YES	NO	ETHNIC CLASSIFICATION	
IF YES, NAME THE COUNCIL AND ENCLOSE A COPY OF THE CERTIFICATE						
PLEASE LIST NAME OF CERTIFYING AGENCY.						
STATE AND YEAR OF INCORPORATION		BONDING CAPABILITY		8 DIGIT SIC CODE		
PLEASE SUPPLY A BRIEF DESCRIPTION OF YOUR PRODUCT OR SERVICE FOR OUR DATABASE:						

REFERENCES:		
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
THIS IS TO CERTIFY THAT 51% OF YOUR OWNERS ARE U.S. CITIZENS. (check all that apply)		
ASIAN-AMERICAN WHITE	ASIAN-INDIAN WOMAN-OWNED	BLACK OTHER
HISPANIC		
NATIVE AMERICAN		
YOUR COMPANY IS PRESENTLY CERTIFIED WITH: (check all that apply)		
NMSDC or Regional Council Certification(s)	NAWBO or Regional Council Certification(s)	
WBENC or Regional Council Certification(s)	State Certification	Federal Certification
SBA	8A	Expire Date
ABOVE INFORMATION SUPPLIED BY: (PRINT NAME)		SIGNATURE
TITLE		DATE

RETURN THIS COMPLETED FORM TO:

THE CBORD GROUP, INC.
ATTN: HUMAN RESOURCE DEPARTMENT
950 DANBY RD SUITE 100C
ITHACA, NEW YORK 14850