

Supplier Certification Form for S&E Group

Locations must send the Supplier Certification Form to the Regional Purchasing Manager for approval
 Regional Purchasing Mangers must send approved Supplier Certification Form to the Director of Purchasing-S&E for approval

Section 1- Supplier Information This Section is to be completed by the Levy Location

Please check one:

New Vendor <input type="checkbox"/>	Existing Vendor <input type="checkbox"/>	AP Number <input type="checkbox"/>
Change of Address (New W9 required) <input type="checkbox"/>	Name Change (New W9 required) <input type="checkbox"/>	

This section must be filled out completely

Supplier/Payment Name	Levy Location(s)	Date of Request
Payment Address/PO BOX	Apt./Suite	City
Contact Person	Phone	Fax

Primary product or services that this supplier provides (this must be completed):

The Supplier Certification form must include the W9 and Certificate of Insurance forms

Federal ID Number	Insurance Expiration Date
Sponsor:	YES NO
Accepts PCard:	<input type="checkbox"/>
FINTECH:	<input type="checkbox"/>
GM/DO Name Printed (required)	GM/DO Signature (required)

Section 2 - Business Profile for Minority Suppliers (if applicable) to be filled out by the Supplier

OWNERSHIP INFORMATION:

Woman Owned (Circle One): **Yes** **No**

Race/Ethnicity:		
Black/African American	Alaskan Native	<input type="checkbox"/>
Hispanic/Latin American	Asian East Indian or Pacific Islander	<input type="checkbox"/>
American Indian	Other Nationality (Specify)	<input type="checkbox"/>

BUSINESS INFORMATION:

Products and/or Services		
Small Minority Business	Small Disadvantage Business	<input type="checkbox"/>
Large Minority Business	Large Disadvantage Business	<input type="checkbox"/>

CERTIFICATION: A copy of any certificate or other documentation must be returned with this profile

Please provide information about any Minority, Woman-owned or Small Business certifications currently held by your company from the following:

City: _____

State: _____

Business Development Councils: _____

Small Business Administration: _____

Section 3 -To be completed by Purchasing Adminstrator

Authorized approver (A) Authorized approver (B)

 Director of Purchasing Global
 Executive VP/CFO
 Vice President/Corp Controller
 Vice President Financial Services Projects and Compliance

 Director of Purchasing S&E
 Group CFO/Controller