

District of Columbia Government
Master Supplier Information Collection Template

Vendor Name (Legal Name): _____

Vendor Number (I + Tax ID): 1 _____

Phone Number (including area codes and extensions): _____

General E-mail Address: _____

Website Address: _____

W9 Tax ID Number: _____

CBE?: Yes No CBE Number: _____ (Choose matching items for **Supplier** and **Ownership** Types).

Contact Name: _____

Contact E-Mail Address: _____

Supplier/Vendor Type: _____

Ownership Type: _____

Supplier/Vendor Type

| | | |
|------------------|---------------------|---------|
| 1=DC Employee | 4=Local Government | 7=Other |
| 2=Federal Agency | 5=Vendor-Business | 8=CBE |
| 3=State Agency | 6=Vendor=Individual | |

Ownership Type

| | | |
|-------------------------|----------------------------|------------------|
| A=State Corporation | I=Individual Recipient | R=Foreign |
| C=Professional Corp. | L=CBE | S=Sole Ownership |
| E=State Employee | M=Medical Corporation | T=Partnership |
| F=Financial Institution | O=Out of State Corporation | U=Non-Profit |
| G=Government Entity | P=Professional Association | |

Business License Information

Type: _____ (Business, Professional, Other)

License Number _____

Mail Code = 000 = Supplier Headquarters Address (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 200 = Payment Remittance Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 300 = Purchase Order Address if Different from 000 (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

DUN & Bradstreet No. (DUNS): _____

(To apply for a your DUNS number call 1-866-705-5711 Required for all Email and Fax Purchase Order forwarding requests.)

ANID Number:

(Please register at supplier.ariba.com; This is a required field.)

Do you want the purchase order forwarded by e-mail or fax? Email Fax

(Please choose only one; We do not support the ARIBA Online option.)

Ordering E-Mail Address (Send Purchase Orders): _____

Ordering Fax Number (Send Purchase Orders): _____

Does the Vendor Accept Purchase Cards: Yes No