**Supplier/Vendor Type**

<table>
<thead>
<tr>
<th>1=DC Employee</th>
<th>4=Local Government</th>
<th>7=Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2=Federal Agency</td>
<td>5=Vendor-Business</td>
<td>8=CBE</td>
</tr>
<tr>
<td>3=State Agency</td>
<td>6=Vendor=Individual</td>
<td></td>
</tr>
</tbody>
</table>

**Ownership Type**

<table>
<thead>
<tr>
<th>A=State Corporation</th>
<th>I=Individual Recipient</th>
<th>R=Foreign</th>
</tr>
</thead>
<tbody>
<tr>
<td>C=Professional Corp.</td>
<td>L=CBE</td>
<td>S=Sole Ownership</td>
</tr>
<tr>
<td>E=State Employee</td>
<td>M=Medical Corporation</td>
<td>T=Partnership</td>
</tr>
<tr>
<td>F=Financial Institution</td>
<td>O=Out of State Corporation</td>
<td>U=Non-Profit</td>
</tr>
<tr>
<td>G=Government Entity</td>
<td>P=Professional Association</td>
<td></td>
</tr>
</tbody>
</table>
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 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 ☐