### Master Supplier Information Collection Template

#### Vendor Information

- **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).

- **CBE Number:**
- **Contact Name:**
- **Contact E-Mail Address:**

#### 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)

*Business License Number _____

*If you do not have a Business License Number please contact the Department of Consumer and Regulatory Affairs at 202-442-4400 for further information.

### 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 ☐