

District of Columbia Government
Master Supplier Information Collection Template

Corporate/Individual Name (Legal Name): _____

W9 Taxpayer/SSN ID _____

Phone Number (including area codes and extensions): _____

Website Address: _____

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

Contact Person Name: _____

Contact Person E-Mail Address: _____

Supplier/Vendor Type: _____

Organization 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	9=Supplier

Organization 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: _____

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): _____