

## Supplier Registration Form for Diversity Classification

**Supplier Identification Details:**

Supplier Name: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

Employees: \_\_\_\_\_ Avg. Revenue for Last Three (3) Complete Fiscal Years (USD): \_\_\_\_\_

HQ Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Web Address: \_\_\_\_\_

Products/Services \_\_\_\_\_

**Supplier Diversity Classification:** Any questions or concerns relating to this document, classification definitions, or BSMH's Supplier Diversity Program overall should be directed to the Supplier Diversity Program via email, [SupplierDiversity@mercy.com](mailto:SupplierDiversity@mercy.com)

**Check all the apply:**
 Women-owned Business (WBE / WOB)

 Minority-owned Business (MBE / MOB)

 LGBT-owned Business (LGBTBE / LGBTOB)

 Veteran-owned Business (VBE / VOB)

 Service-disabled Veteran-owned Business (SDVBE)

 Disability-owned Business (DOB / DOBE)

 Other: \_\_\_\_\_

**Certifications:**
 Self-Certified      Certified by 3<sup>rd</sup> Party

 \_\_\_\_\_  
 Certifying Agency

 \_\_\_\_\_  
 Certificate Number

 \_\_\_\_\_  
 Certification Origination Date

 \_\_\_\_\_  
 Certification Expiration Date

**\*\*Please provide copy of Certifications with form submission**

I acknowledge that registering in the BSMH Diverse Suppliers Database does not imply a contract, nor does it constitute a guarantee of future business, or obligate BSMH to solicit requests for quotations.