

Company Information Request Form

Instructions: Please provide the following information in typed form. If more space is needed, attach additional sheets as necessary. If a question does not apply to your company, please indicate "Not Applicable" (n/a) in the blank. When complete email to Win.Windstream.Supplier.Service.Admin@windstream.com

This information should be updated annually.

Supplier Profile					
Company Name				Federal ID #	
Current DBA (If applicable)			Phone:		
Company Address:			Fax:		
City:		State:		Zip:	
Main Contact Person:			Title:		Phone:
Email Address -					
Federal Tax ID:		D&B DUNS Number:		Average Annual Revenue:	
Avg. No of Employees: _____		Principal Officer's Name		Phone #	
Company Website Address					
Type of Organization:	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Number of Employees	
NAICS Code:			Start Date of Business		
Can your firm accept orders via ARIBA?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can your firm accept EDI?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Billing Address if different from above:					

Products / Services			
Are you a Distributor or Manufacturer?			
Do you offer a product, service or both?			
Company Category:			
Windstream Agent <input type="checkbox"/>	Engineering Services <input type="checkbox"/>	Office Supplies/Equipment <input type="checkbox"/>	
Building Product/Service <input type="checkbox"/>	IT Hardware/Software <input type="checkbox"/>	Other <input type="checkbox"/>	
Construction/New/Remodel <input type="checkbox"/>	Legal/Financial Services <input type="checkbox"/>		
Consulting Services <input type="checkbox"/>			
Please list all of the products and/or services your firm would like to sell to Windstream:			
Please tell us what states you do business in:			
Canada <input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Province du Quebec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon Territory	<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> District of Columbia <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Outside US/Canada

Currently doing business with Windstream?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact name	Contact phone number	

Sub contracting: Tier II Diversity Plan

Does supplier use diverse companies (as listed below) to service or supply Windstream Communications: Yes No

Does supplier have a Diversity plan in place? Yes No

Sub contract Diversity Plan Reporting: (Fill in all applicable categories)

Minority % Women Owned % Veteran Owned % Disabled Veteran % Small Business %

Business Classification

If your business is classified in one of the areas below, please check all that apply. For further clarification on small, minority or diverse business classifications, please see the SBA website: <http://www.sba.gov/training/certprograms.html>.

<input type="checkbox"/> Large Business <input type="checkbox"/> SBA's Small Business <input type="checkbox"/> SBA's HubZone <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Woman-Owned Business <input type="checkbox"/> Veteran-Owned Business <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> SBA's 8 (a) Minority Development Program <input type="checkbox"/> 2 nd Tier Minority <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Other
Are you currently certified as an MBE, MWBE, or a DVBE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Certified	<input type="checkbox"/> Self-Certified	<input type="checkbox"/> Not Certified
<input type="checkbox"/> In Process of <u>CERTIFYING</u>	<input type="checkbox"/> Certificate EXPIRED – In Process of <u>RENEWING</u> Certificate	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Do not wish to become certified at this time.		
<input type="checkbox"/> Small Business Admin.	<input type="checkbox"/> NMSDC (Affiliate)	<input type="checkbox"/> WBENC
<input type="checkbox"/> State Agency (provide) _____		<input type="checkbox"/> Other
<input type="checkbox"/> Currently Registered	<input type="checkbox"/> In Process Of Registering	<input type="checkbox"/> Not Registered

I hereby certify that the information provided by the undersigned, relative to the business size, classification, ownership and certification status as described above, is to the best of my knowledge accurate and complete. I also understand that Federal Law provides penalties for misrepresentation of such information.

CERTIFICATION IS REQUIRED. To be classified as a minority, SDB, HUBZone or 8(a) business your firm must have certification of your status and be a minimum of 51% owned, operated and controlled by owners that are classified as diverse. In publicly held business, diverse owned members must own at least 51% of stock. Your firm may obtain certification directly through the Small Business Administration, or through other certifying agencies. Please attach a copy of your current certificate with this Profile to support the classification.

Certifying Agency:

Date first certified:

Certification End Date:

Company Name: _____

Date: _____

Representative's Signature: _____

Date: _____

Print Name: _____

Title: _____

Phone Number: _____

Fax: _____