

**District of Columbia Government**  
**Master Supplier Information Collection Template**

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).

Contact Name: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Supplier/Vendor Type: \_\_\_\_\_

Ownership 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	

**Ownership 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 \_\_\_\_\_

**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](http://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