Please complete the information below and fax or mail completed forms as directed.

**Corporate Name**

<table>
<thead>
<tr>
<th>Corporate Headquarters Address - (W-9)</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Fax</th>
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Web Address: ________________________
e-Mail Address: ________________

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<tr>
<th>PO Mailing Address - (Ordering)</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Fax</th>
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e-Mail Address: ________________________

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<tr>
<th>Payment Address - (Remit To)</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Fax</th>
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e-Mail Address: ________________________

Please check one of the following classifications:

- 001 Non-Minority Large Bus-Man
- 002 Non-Minority Small Bus-Man
- 005 African/Black American Large Bus-Man*
- 006 African/Black American Small Bus-Man*
- 007 African/Black American Large Bus-Woman*
- 008 African/Black American Small Bus-Woman*
- 009 Asian American/Pacific Island Large Bus-Man*
- 010 Asian American/Pacific Island Small Bus-Man*
- 011 Asian American/Pacific Island Large Bus-Woman*
- 012 Asian American/Pacific Island Small Bus-Woman*
- 013 American Indian Large Bus-Man*
- 014 American Indian Small Bus -Man*
- 015 American Indian Large Bus-Woman*
- 016 American Indian Small Bus-Woman*
- 017 Hispanic Large Bus-Man*
- 018 Hispanic Small Bus-Man*
- 019 Hispanic Large Bus-Woman*
- 020 Hispanic Small Bus-Woman*
- 021 Woman Large Bus*
- 022 Woman Small Bus*
- 023 Minority-Other*
- 025 Veteran Large Bus-Man*
- 026 Veteran Small Bus-Man*
- 027 Veteran Large Bus-Woman*
- 028 Veteran Small Bus-Woman*
- 029 Service Disab Vet Large Bus-Man*
- 030 Service Disab Vet Small Bus-Man*
- 031 Service Disab Vet Large Bus-Woman*
- 032 Service Disab Vet Small Bus-Woman*
- 033 HUBZONE Large Bus-Man*
- 034 HUBZONE Small Bus-Man*
- 035 HUBZONE Large Bus-Woman*
- 036 HUBZONE Small Bus-Woman*

*Certification of your minority status must be furnished with this request