

# Diversity Business Development Program Registration

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

## Company

Please complete the following section based on Small Business Administrations Classifications definitions. If you are unsure about your company's status, contact the nearest U.S. Small Business Administration Office (SBA) for guidance.

Larger Business

Small Business

Nonprofit

Not for profit

## NAICS Code

North American Industry Classification System - If your business is classified as small, please list your U.S. SBA Small Business Code(s). Please list no more than four in order of priority.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Ownership

A minority firm must be at least 51% owned, controlled, and operated on a daily basis by socially and economically disadvantaged individuals. A woman-owned firm must be at least 51% owned by a woman or women who control and operate the business on a daily basis

Woman-Owned

Minority Woman-Owned

Minority Owned

Non Minority Owned

## Citizenship

Is the owner of the firm a U.S. Citizen? \_\_\_\_\_

Official Residence of Owner: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## Business Structures

Corporation, If Corporation, is it:

Publicly Held

Privately Held

Division

Franchise

Joint Venture

Partnership

Sole Proprietor

## Parent Company

Type of Business

Manufacturer

Dealer

Construction Contractor

Retailer

Distributor

Representative

Service

Other

## List of all Locations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Principal Products or Services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Information**

What unique product or services do you offer that differentiates you from your competition? List any other information Neutral Posture should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**Financial Data**

Last reported annual sales: Year \_\_\_\_\_ \$ \_\_\_\_\_ Next year's projected sales: \$ \_\_\_\_\_

Has your firm been profitable for the past three years? \_\_\_\_\_

Dun & Bradstreet Number \_\_\_\_\_

Federal Taxpayer ID Number \_\_\_\_\_

State Taxpayer ID Number \_\_\_\_\_

**General Business**

Year business established: \_\_\_\_\_ Total Number Of Employees \_\_\_\_\_

**Information**

Has this business ever operated under another name?  Yes  No

If yes, please list the previous name of the business and years of operation.

Previous business name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approximate business period: From \_\_\_\_\_ To: \_\_\_\_\_

**References**

Please list all major customers with whom you do business with on a regular basis (attach list if necessary)

Company	Contact
_____	_____
_____	_____
_____	_____
_____	_____

**Certifications**

For those businesses classified as minority or woman-owned, please list certifying agency.

Agency/Council	Date of Expiration
_____	_____
_____	_____
_____	_____
_____	_____

**General Business**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Mail, Fax or email to: Attn: Diversity Program  
[diversity@neutralposture.com](mailto:diversity@neutralposture.com)

