

National Grid Use Only

Supplier ID#: _____
Approved By: _____
Approval Date: _____
FSS: _____

Approved Supplier Enrollment Form

Legal Co. Name _____

Supplier Address: _____ Remit-To: _____

Contact Name: _____ Title: _____
 Phone Number: _____ Ext. _____ Fax Number: _____
 Email Address: _____

ACH Payment: ___ Yes or ___ No *(Required ACH Form to be attached)
 SIC Code(s): _____
 UVDB(s): _____
 DUNS #: _____ Accept P-Cards: Yes or No _____
 FEDERAL TAX ID #: _____ *(Required W-9 Form to be attached)

NATIONAL GRID SUPPLIER DIVERSITY AND SOCIO-ECONOMIC BUSINESS SOLUTIONS

PLEASE CHECK ALL THAT APPLY	
<input type="checkbox"/>	Large Business
<input type="checkbox"/>	Small Business (SB)
<input type="checkbox"/>	Woman Owned Business
<input type="checkbox"/>	Minority Owned Business
<input type="checkbox"/>	African American
<input type="checkbox"/>	Alaskan Native/Indian Tribe
<input type="checkbox"/>	Alaskan Native/Indian Tribe not Certified by SBA as SDB
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian Pacific American
<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Subcontinent Asian
<input type="checkbox"/>	Small Disadvantage Business (SDB)
<input type="checkbox"/>	Small Disadvantaged (8a)
<input type="checkbox"/>	Veteran Owned Business
<input type="checkbox"/>	Service Disabled Veteran Owned Business
<input type="checkbox"/>	HUBZone Certified
<input type="checkbox"/>	Gay Lesbian Bisexual Transgender
<input type="checkbox"/>	Historically Black Colleges
<input type="checkbox"/>	Protected Workshop (Disabled)
<input type="checkbox"/>	Green Certified
<input type="checkbox"/>	Foreign Business
<input type="checkbox"/>	If your business is certified in any of the above categories, who certified you
<input type="checkbox"/>	New York State
<input type="checkbox"/>	Greater New England Minority Supplier Development Council
<input type="checkbox"/>	National Minority Supplier Development Council (NMSDC)
<input type="checkbox"/>	Women Business Enterprise National Council (WBENC)
<input type="checkbox"/>	Other (please specify):

Copies of Certifications are required. Please fax or email your certificates to (315) 428-6711 or vendor.onboarding@us.ngrid.com

PENALTY FOR FALSE MISREPRESENTATION:

Under 15 U.S.C. 645(d), any person who misrepresents a firm's status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies and (3) be ineligible for participation in programs conducted under the authority of the Act.

Authorized Signature _____ Date _____