

Approved Supplier Enrollment Form

National Grid Use Only	
Supplier ID#:	_____
Approved By:	_____
Approval Date:	_____
FSS:	_____

Legal Co. Name _____

Supplier Address: _____ Remit-To: _____

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

National Grid Contact: _____ National Grid Contact Email: _____

Are you a member of the Ariba Network: Yes or No
 Accept Virtual Cards: Yes or No
 Accept P-Cards: Yes or No
 ACH Payment: Yes or No *(Required ACH Form to be attached)
 SIC Code(s): _____
 UVDB(s): _____
 DUNS #: _____

NATIONAL GRID SUPPLIER DIVERSITY AND SOCIO-ECONOMIC BUSINESS SOLUTIONS

PLEASE CHECK ALL THAT APPLY			
<input type="checkbox"/>	Large Business	<input type="checkbox"/>	Veteran Owned Business
<input type="checkbox"/>	Small Business (SB)	<input type="checkbox"/>	Service Disabled Veteran Owned Business
<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	HUBZone Certified
<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>	Alaskan Native (Indian Tribe)
<input type="checkbox"/>	African American	<input type="checkbox"/>	Gay Lesbian Bisexual Transgender
<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	Historically Black Colleges
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Protected Workshop (Disabled)
<input type="checkbox"/>	Asian Pacific American	<input type="checkbox"/>	Green Certified
<input type="checkbox"/>	Hispanic American	<input type="checkbox"/>	Foreign Business
<input type="checkbox"/>	Small Disadvantage Business (SDB)		
<input type="checkbox"/>	Small Disadvantaged (8a)		
	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) 401-7909 or
 vendor.onboarding@nationalgrid.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 _____