

Ogilvy & Mather
Diverse Supplier Registration Form

GENERAL			
Name of Business:		Telephone:	E-mail:
Street Address:		Fax:	Web Site:
City:		State:	Zip:
PRODUCTS AND SERVICES OVERVIEW			
PRIMARY SIC CODE(S):			
NAICS CODE(S):			
ORGANIZATION			
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Woman Owned <input type="checkbox"/> Minority Owned			
Date Founded:		Dunn & Bradstreet No.:	Under Present Management Since:
Minority Ethnic Group: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian-Indian American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Women-Owned (WBE)			
Company Officers:		Titles:	Percentage of Ownership %:
CERTIFICATIONS: Please indicate if your company is certified by one or more of the following councils/agencies			
<input type="checkbox"/> National Minority Supplier Development Council <input type="checkbox"/> Women's Business Enterprise National Council <input type="checkbox"/> National Women's Business Owners Council <input type="checkbox"/> U.S. Small Business Administration <input type="checkbox"/> Federal, State or Municipal Agency <input type="checkbox"/> Other			
Council Name:		Exp. Date	Agency Name:
			Exp. Date
Note: A copy of your most recent certification is required with submittal of this form.			
Returned your completed form to:		Questionnaire Completed By:	
Lynette White Purchasing Department Ogilvy & Mather 636 11th Avenue New York, NY 10036-2010		Signature:	
		Print Name:	
		Title:	
		Date:	