



Supplier Information Form

If a company wishes to join the DFIN Supplier Diversity Program, they must hold a valid third-party certification. In the event the company meets the criteria for a diverse business and has a current certification from an authorized agency, you are welcome to submit a supplier registration form.

To commence the registration process, kindly fill out the provided form. Send your completed information form and a copy of your certification via email to supplierdiversity@dfinsolutions.com.

By registering I confirm that I have read and agree to Donnelley Financial Solutions' [Terms of Use](#) and [Notice at Collection](#).

COMPANY INFORMATION

Name

Business Name, if different from above

Address

City

State or Province

Zip or Postal Code

Country

1. Are you a diverse supplier for DFIN?

Yes

No

2. Are you a diverse supplier?

Yes

No

If yes, are you a certified diverse supplier.

Yes

No

If yes, please attach a copy of your certification as well as your certification date and expiration date:

Certified date:

Expiration date:

Supplier Diversity Category (Check all that apply)

Woman-Owned Business Enterprise (WBE)

Native American

African-American/Black

Disability-Owned Business Enterprise (DOBE)

Asian American

Service Disabled Veteran-Owned Business(SDVET)

Hispanic/Latin American

Small Business

Veteran-Owned Business Enterprise (VOSB)

Minority-Owned Business Enterprise (MBE)

LGBTQ-Owned Business Enterprise (LGBTQE)

3. Do you track tier 1 diverse supplier spend?

Yes

No

4. What material or services does your company provide to DFIN?

5. What material or services does your company offer?

COMPANY CONTACT INFORMATION

First Name

Last Name

Title

Email Address

Business Phone

Extension

Taxpayer Type

Check one:	Corporation	LLC 1099 Vendor	The United States or any agency or instrumentality thereof
	Sole Proprietor	LLC Exempt	Sale of merchandise only, no service supplied to DFIN
	Partnership	Non-profit organization	Other (specify) _____

Backup Withholding Status

Check one: ☐ Exempt (See W-9 instructions)

☐ Taxable

Taxpayer Identification Number (TIN)

Enter one: Social Security Number **OR** Employer Identification Number

Certification

I certify under the penalties of perjury that the IRS information provided on this form is complete and accurate. (See W-9 Instructions.)

Name (print):

Title:

Phone:

Date:

Signature of U.S. Person: