

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: _____

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 Disadvantage Business (SDB)
<input type="checkbox"/>	Small Business (SB)	<input type="checkbox"/>	Small Disadvantaged (8a)
<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	Veteran Owned Business
<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>	Service Disabled Veteran Owned Business
<input type="checkbox"/>	African American	<input type="checkbox"/>	HUBZone Certified
<input type="checkbox"/>	Alaskan Native/Indian Tribe	<input type="checkbox"/>	Gay Lesbian Bisexual Transgender
<input type="checkbox"/>	Alaskan Native/Indian Tribe not Certified by SBA as SDB	<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"/>	Subcontinent Asian	<input type="checkbox"/>	
<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 _____