

# Diversity Business Development Program Registration

**Company Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Contact** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Company**

Please complete the following section based on Small Business Administrations Classifications definitions. If you are unsure about your company's status, contact the nearest U.S. Small Business Administration Office (SBA) for guidance.

Large Business     Small Business     Not for Profit     Nonprofit

**SIC Code**

Standard Industrial Classification - if your business is classified as small, please list your U.S. SBA Small Business Code(s). Please list no more than four in order of priority.

SIC Code \_\_\_\_\_

**Ownership**

A minority firm must be at least 51% owned, controlled, and operated on a daily basis by socially and economically disadvantaged individuals. A woman-owned firm must be at least 51% owned by a woman or women who control and operate the business on a daily basis

Women Owned     Minority Woman Owned     Minority Owned     Non-Minority Owned

**Citizenship**

Is the owner of the firm a U.S. Citizen?     yes     no  
 Official Residence of Owner: Address: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Business Structure**

Corporation, If Corporation, is it:     Publicly Held     Privately Held  
 Division     Franchise     Joint Venture     Partnership     Sole Proprietor

**Parent Company**

Type of Business  
 Manufacturer     Retailer     Service     Dealer     Construction Contractor  
 Distributor     Representative     Other

**Principal Products or Service**

Describe briefly (provide KEY information):  
 \_\_\_\_\_  
 \_\_\_\_\_



3904 N. Texas Avenue  
 Bryan, Texas 77803

PH: 979-778-0502  
 FX: 979-778-0408

[www.iGoErgo.com](http://www.iGoErgo.com)

**List of all Locations :** \_\_\_\_\_  
\_\_\_\_\_

**Other Information** What unique product or services do you offer that differentiates you from your competition? List any other information of which NP should be aware.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Data** Last reported annual sales: **Year** \_\_\_\_\_ **\$** \_\_\_\_\_  
Next Year's Projected Sales: **\$** \_\_\_\_\_  
Has your firm been profitable for the past three years? \_\_\_\_\_  
Dun & Bradstreet Number \_\_\_\_\_  
Federal Taxpayer ID Number \_\_\_\_\_  
State Taxpayer ID Number \_\_\_\_\_

**General Business** Year business established: \_\_\_\_\_ Total number of employees: \_\_\_\_\_

**Information** Has this business ever operated under another name?  yes  no  
If yes, please list the previous name of the business and years of operation.  
Previous business name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Approximate business period: From \_\_\_\_\_ To \_\_\_\_\_

**References** Please list all major customers with whom you do business with on a regular basis (attach list if necessary)

Company	Contact
_____	_____
_____	_____
_____	_____
_____	_____

**Certifications** For those businesses classified as minority or women-owned, please list certifying agency.

Agency/Council	Date of Expiration
_____	_____
_____	_____
_____	_____
_____	_____

**I certify that this information is true and correct.**

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

Mail, Fax or email to:

**Customer Service**  
Attn: Diversity Program  
customerservice@iGoErgo.com



3904 N. Texas Avenue  
Bryan, Texas 77803

PH: 979-778-0502  
FX: 979-778-0408

[www.iGoErgo.com](http://www.iGoErgo.com)

