



# SUPPLIER DATA FORM

This form in no way obligates HSBC nor guarantees business. It does, however, provide us with a general understanding of your firm's capabilities and experience. We will contact you for bidding opportunities in the event that your company profile matches our requirements.

**NOTE: This information will be transferred into an automated database. Therefore, please be specific and concise when completing the "Description of Product/Service" field. Be sure to avoid using the phrases such as "See Attached" and "Information Enclosed". Do not exceed the length of that field. Incomplete data will delay the processing of your company's files.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Dunn & Bradstreet: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: (Circle) Sole Proprietor Partnership Corporation LLC Joint Venture

Ownership: (Circle) MBE WBE Small Large Non-Profit

Ethnic Group of Owner: (Circle) Asian Pacific African American Hispanic Caucasian

Native American (Aleut, American Indian, Eskimo, Native Hawaiian)

Certification by a National Minority Supplier Development Council (NMSDC) local affiliate or the Women's Business Enterprise National Council (WBENC) should be included for participation in our Supplier Diversity program.

MWBE Certifying Agency: \_\_\_\_\_

Vendor Type: (Circle) Manufacturer Distributor Service Construction Broker

Union Info: (Circle) Non union Shop Union Shop Local(s) #: \_\_\_\_\_

Description of Product/Service: (Use NAICS codes for main business)

Does your company possess all the licenses and/or permits required by local, state or federal authorities applicable to your business?	Yes	No
Does your company have a Sustainability Program?	Yes	No
Does your company have a Quality Control Program?	Yes	No

Year Business Established (ex: 19XX): \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Annual Gross Sales: \$ \_\_\_\_\_ For What Year (ex: 20XX): \_\_\_\_\_

Service Capability: (Circle) Local Regional National International

Insurance Company: \_\_\_\_\_

Comprehensive General Liability: Limit: \$ \_\_\_\_\_

Automobile Liability: Limit: \$ \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Single Bonding Capacity: Limit: \$ \_\_\_\_\_

Total Bonding Capacity: Limit: \$ \_\_\_\_\_

List of Major Customers:

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Banking Reference: \_\_\_\_\_

### AFFIDAVIT

The undersigned swears, under penalty of perjury, that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of \_\_\_\_\_ (name of firm) as well as the ownership thereof. If owner classification checked indicates a minority or women-owned business, the operated undersigned also certifies that this company is least 51% owned, operated and controlled by minority individual or women. If business is awarded under these circumstances, you will be required to provide proof of status through an acceptable third party certification. The firm also understands that it is your responsibility to notify us if your classification should change. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS.**

Owner's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form to: [supplierdiversity@us.hsbc.com](mailto:supplierdiversity@us.hsbc.com)**