

# Supplier Registration Form

COMPANY NAME

TYPE OF BUSINESS

CONTACT NAME

TITLE

STREET

SUITE / UNIT / OTHER

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE NUMBER

EMAIL

COMPANY WEBSITE URL

ANNUAL REVENUE

**Please tell us which domestic and international regions you serve.**

**Please indicate if you qualify as a diverse supplier:**

☐ Disabled-Owned Business Enterprise (DOBE)

☐ Woman Business Enterprise (WBE)

☐ LGBT-Owned Business Enterprise (LGBTBE)

☐ Small Business Enterprise (SBE)

☐ Minority Business Enterprise (MBE)

☐ Other \_\_\_\_\_

☐ Veteran Business Enterprise (VBE)

**Please list your top three competitors.**

**Please describe any previous or current relationship with MFS.**

**Additional comments**

Please email this form to [CorporateProcurement@mfs.com](mailto:CorporateProcurement@mfs.com).

Your information will be kept on file and potentially referred to by our Corporate Procurement Department if there are any opportunities for your company to be included in a bidding process.