



Supplier Diversity Program

Federal Tax ID: _____ Social Security #: _____

Company Name: _____ DBA: _____

Address: _____

Address for price inquiries: _____

HQ: _____

Phone: _____ Fax: _____ Toll Free # _____

Contact: _____ E-Mail: _____

Web: _____

Classification: _____ Date Started: _____ Business Type: _____

Of Employees: _____ Incorporated Year: _____ State: _____

Type: _____ Warehouse Space (Sq. ft.): _____ SIC Code: _____

Principal Owners:

Title	First Name	Last Name	Job Title	% Owned	Ethnicity

Geographic Service Area: _____

Product Description: _____

Product Equipment: _____

References (Corporate Customer)

Company	Contact	Phone

Vendor Number: _____ Sales (last year): _____

Certifying Agency: _____ Sales (2 years ago): _____

Certification Expiration: _____ Sales (3 years ago): _____

Done Business with Kroger? _____ If so, which division? _____

How did you hear about this program? _____

Comments: _____