



NEW SUPPLIER REGISTRATION FORM

The following information including financials, insurance certificates and a complete W-9 form are ***required*** to register your Company as a Visa supplier. Please furnish all requested information.

Company Information:

Supplier Company Name: _____ TIN: _____

Primary Account Contact: _____

Primary Contact Phone: (____) _____ Contact Fax: (____) _____

Primary Contact Email: _____@_____

Ticker Symbol (if applicable): _____ Exchange: _____ Market Cap (\$M): _____

Year Established: _____ State Incorporated: _____

Date of Incorporation: _____ D&B Number: _____

Business License # _____ Seller Permit in CA? Y / N If yes, # _____
Other States Seller Permits? _____

Provide the full legal name of Supplier's Parent Company: _____

Provide the full legal name of any Subsidiaries or Affiliates: _____

Addresses:

	Company HQ	Purchase Order Mailing	Remit-To Mailing
Address:			
Phone:			
Fax:			
E-mail:			

Principal Officers:

Identify your company's principal Officers, their years in this industry, and their prior positions/ employers:

	Name	Years	Prior positions, employers
CEO	_____	_____	_____
President	_____	_____	_____
Finance	_____	_____	_____
Technical	_____	_____	_____
Information	_____	_____	_____
Marketing	_____	_____	_____

Other _____

Locations and Employees:

Number and location of facilities:

- In the United States: _____ (#) - _____
- Outside the United States: _____ (#) - _____

Number of employees: _____ (U.S.); _____ (Rest of World)

Supplier Capabilities

Identify the types of products or services provided by your company. Check all that apply:

MARKETING SERVICES

- ___ Advertising
- ___ Brand Identity
- ___ Market Research
- ___ Marketing Services
- ___ Printing Services
- ___ Promotional Items
- ___ Promotions
- ___ Public Relations

INFORMATION TECHNOLOGY

- ___ Application Service Provider (ASP)
- ___ Database Design/Development
- ___ Hardware - Mainframe
- ___ Hardware - Client
- ___ Hardware - Server
- ___ Network - PL
- ___ Software
- ___ Storage
- ___ Telecom - LD/800
- ___ Web Hosting or Development

GENERAL

- ___ Contingent Labor
- ___ Facility Support Services
- ___ Furniture
- ___ MRO Supplies
- ___ Outsourcing Services
- ___ Professional Services
- ___ Transportation or Freight

Attach a price list for products/services or other Company information and any brochures that further describe your Company's offerings and other capabilities, as well as roadmap information on future product and service offerings.

Identify any portion of services or products that are normally subcontracted by the Supplier: _____

Identify any products or services that are not available for export: _____

List Supplier's Major Customers: _____

List Supplier's Major Competitors: _____

Identify Supplier awards received: _____

Identify Supplier's market share in this industry: _____
SIC Code: _____

Supplier Diversity:

Is your firm certified as a (please check one or more):

<input type="checkbox"/> Minority Owned Business (MBE)	<input type="checkbox"/> Women Owned Business (WBE)
<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> Service-Disabled Veteran-Owned Business (DVBE)
<input type="checkbox"/> Historically Underutilized Business (HUB) Zone	<input type="checkbox"/> Not Applicable

Certification documents from the following qualified agencies are acceptable:

- National Minority Supplier Development Council (NMSDC) or its affiliates
- National Association of Women Business Owners (NAWBO)
- Women’s Business Enterprise Council (WBENC)
- United States Small Business Administration (SBA)
- City, State, or Federal Certification Agencies

Certificates of Insurance:

Please provide Visa with CERTIFICATES OF INSURANCE for all areas of coverage. Items marked with an “X” are required. Additional areas of insurance may be required at Visa’s discretion depending on the nature of goods and services provided to Visa. You may be asked to add Visa USA and Affiliates as an additional insured.

	<u>Commercial General Liability</u> , including contractual liability (bodily injury and property damage). Minimum coverage equal to \$1,000,000 per occurrence, \$2,000,000 aggregate. “Visa et al.” must be certificate holder <u>AND</u> additional named insured.
	<u>Workers Compensation</u> – to statutory limit in states in which work is being performed Including Employers’ Liability limit of at least \$1,000,000. Subrogation rights must be waived as respects “Visa et al.”
	<u>Automobile Liability</u> . (Bodily injury and property damage including hired/non-owned autos). Minimum coverage equal to \$1,000,000 for each occurrence and \$2,000,000 aggregate. accident.
	<u>Fidelity Liability</u> . Minimum coverage equal to \$1,000,000 for each occurrence per loss and \$2,000,000 aggregate.
	<u>Professional Liability</u> (errors and omissions). Minimum coverage equal to \$2,000,000 for each error. per claim and annual aggregate.
	<u>Technology Errors & Omissions Liability</u> . Minimum coverage equal to \$5,000,000 per claim and annual aggregate.
	<u>Cyber-Risk Liability</u> . Minimum coverage equal to \$5,000,000 per claim and annual aggregate.
	<u>Intellectual Property Insurance</u> . Minimum coverage equal to \$5,000,000 per claim and annual aggregate.
	<u>Media Liability</u> . Minimum coverage equal to \$5,000,000 per claim and annual aggregate.
	<u>Property Insurance</u> . Full replacement cost value for all owned, leased, rented, borrowed property. Subrogation rights must be waived as respects “Visa et al.”
	<u>Excess/Umbrella Liability</u> . Minimum coverage equal to \$5,000,000 per occurrence, \$5,000,000 aggregate. “Visa et al.” must be certificate holder <u>AND</u> additional named insured.

Please fax this form and copies of the W-9, Financial Documents, Certificates of Insurance and Supplier Diversity Certification (if applicable) to Visa at:

(650) 554-5459

Adobe Acrobat or Microsoft Word versions of these documents may be sent to Visa at:

SupplierDiversityProgram@visa.com

In the event Visa requests original Certificates of Insurance and Supplier Diversity Certification, please send these forms directly to the following address:

**Visa USA
Strategic Sourcing
P.O. Box 8999
Mail stop M3-2C
San Francisco, CA 94128-8999**