



Supplier Diversity Profile

Please complete the form below to be considered for JURISolutions' Supplier Diversity Vendor Program. Email or fax the completed form to Fawn Linn, flinn@jsl-hq.com or 877-751-9388.

Supplier Information:

Supplier Name:	Date:
Employer ID:	Dun & Bradstreet:
Address:	City/State/Zip:
Phone:	Fax:
Website:	Year Established:
No. of Employees:	3 Year Average Gross Sales:
Social Media:	

Main Contact Information:

Name/Title:	Phone:
Email:	Fax:

Company Ownership:

Individual <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation/Inc. <input type="checkbox"/>
Non-Profit <input type="checkbox"/>	Affiliate <input type="checkbox"/>	Government <input type="checkbox"/>	University <input type="checkbox"/>

Principal Owners:

Name/Title:	Phone:
Email:	Fax:
Gender:	Ownership Percentage:
Name/Title:	Phone:
Email:	Fax:
Gender:	Ownership Percentage:
Name/Title:	Phone:
Email:	Fax:
Gender:	Ownership Percentage:

Type of Business:

Manufacturer <input type="checkbox"/>	Distributor <input type="checkbox"/>	Service <input type="checkbox"/>	Wholesaler <input type="checkbox"/>
Contractor <input type="checkbox"/>	Retail <input type="checkbox"/>	Broker <input type="checkbox"/>	Other <input type="checkbox"/>

Brief description of products or services:

Does your business qualify for any of the following Diverse Business Enterprise categories? Check all that apply.

- Minority Owned Business Enterprise (MBE)
- Woman Owned Business Enterprise (WBE)
- Small Disadvantaged Business (SDB)
- Disadvantaged Business Enterprise (DBE)
- SBA 8(A) Program (8(A))
- Historically Underutilized Business (HUBZone)
- Service Disabled Veteran Owned Business Enterprise (DVBE)
- Veteran Owned Business Enterprise (VBE)
- Disabled Business Enterprise (Disabled)
- Small Business Enterprise (SBE)
- Lesbian, Gay, Bisexual, Transgender (LGBTQ+)
- Alaskan Native Corporation Owned Firm
- Encouraging Diversity Growth and Equity Program (EDGE)
- Woman Owned Small Business (WOSB)
- Economically Disadvantaged Women Owned Small Business(EDWOSB)
- Small Local Business Enterprise (SLBE)

Other: _____

Minority Owned

African American <input type="checkbox"/>	Hispanic American <input type="checkbox"/>	Native American <input type="checkbox"/>
Asian Pacific American <input type="checkbox"/>	Asian Indian American <input type="checkbox"/>	Other <input type="checkbox"/>

Other: _____

Is the company certified by a third party organization group or agency? Yes No

If "yes" please list organization group or agency name: _____

Certification number: _____ Expiration date: _____

(Please attach all current certifications)

Top 3 Customers:

1. _____
2. _____
3. _____

References:

Name/Title:	Phone:
Email:	Fax:
Name/Title:	Phone:
Email:	Fax:
Name/Title:	Phone:
Email:	Fax: