



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)

Veteran Business Enterprise (VBE)

LGBT-Owned Business Enterprise (LGBTBE)

Woman Business Enterprise (WBE)

Minority Business Enterprise (MBE)

Other _____

Please list your top three competitors.

Please describe any previous or current relationship with MFS.

Additional comments

Please email this form to CorporatePurchasing@mfs.com.

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