



**NISSAN NORTH AMERICA, INC.**

**Supplier Business Profile**

Print or Type

Company Name:		Contact:	
Address:		Billing Address:	
City/State/Zip:		City/State/Zip:	
Telephone:	Fax:	E-mail Address:	
Fed. I.D./SSN:	D&B Number:	SIC Codes:	
<i>Company Officers:</i>			
Name:		Title:	
Name:		Title:	
Name:		Title:	
General Counsel:		Address:	
Company Type (Circle only one):		Company Category (Circle only one):	
BR - (Broker)	MA - (Manufacturer)	CORP - (Corporation)	PART - (Partnership)
DI - (Distributor)	MR - (Mfr's Rep.)	PROP - (Proprietorship)	JOVE - (Joint Venture)
SE - (Service)	CO - (Consulting)	LLP - (Ltd. Liability Partnership)	LLC - (Ltd. Liability Corp.)
Business Established:	No. of Employees:	Sales Volume (Optional):	
MO / DAY / YEAR		Last Year (\$1000's):	

<b>Company Classification (Check A, B, and/or C as appropriate):</b>			
A. Minority Business Concern (Circle only one)		___ Yes	___ No
African American	Asian Indian American		
Hispanic American	Native American		
	Minority Non-Profit		
B. Small Business Concern		___ Yes	___ No
C. Woman-Owned Business		___ Yes	___ No
Has your business been certified as minority-owned by a regional office of the National Minority Supplier Development Council ( <a href="http://www.nmsdcus.org">http://www.nmsdcus.org</a> )? If so, please attach a copy of the certificate.		___ Yes	___ No

Description of Products and/or Services (Please be specific - attach an additional sheet if necessary):	
Does your business receive, transmit, or store consumer information? Yes _____ No _____	
If yes, does your business have information safeguards in place as required by any applicable State or Federal laws? Yes _____ No _____	

Additional capabilities (Check as appropriate):	
A. EDI	___ Yes ___ No
B. EFT	___ Yes ___ No
C. Internet Accessible	___ Yes ___ No
D. Electronic Commerce	___ Yes ___ No
E. Accept credit card payments	___ Yes ___ No
Internet Address:	_____
If yes, which ones?:	_____
Minimum order:	_____

Production Equipment (If applicable):

Geographic Service Area (Circle only one):			
I - International	N - National	R - Regional	L - Local
<i>If regional or local service, please indicate specific area(s):</i>			

References:		
Corporate Customer:	Contact:	Phone:
1.		
2.		
3.		

Has your company engaged in business with NNA within the last 12 months?      \_\_\_ Yes      \_\_\_ No

If yes, please provide sales volume for last year (\$1000's): \_\_\_\_\_