Supplier Registration Form

Complete, sign and return to Stewart Title Purchasing at:
supplierdiversity@stewart.com

Supplier Contact Information	
Name:	
Tttle:	
Phone Number:	
Fax Number:	
Email Address:	

Company Information (Headquarters detail) Please Print or Type…

Legal Name:
(If individual or sole proprietorship use format: *last name, first name*)
Trade Name (DBA):
Attn:
Street 1:
Street 2:
City: State:
Zip Code: County:
Phone #: Fax #:
State of Incorporation:

Industry Codes: -TO FIND YOUR SIC/NAICS CODE, Go To >: North American Industry Classification System

NAICS #: **D-U-N-S® #:** **SIC #:**

Organization Type (Check ONE):
- ____ Employee
- ____ Individual Recipient (No bus. ownership)
- ____ Sole Proprietorship
- ____ Partnership (LLP)
- ____ Incorporated Bus.
- ____ Nonprofit Org.
- ____ Governmental Entity
- ____ Estate/Trust
- ____ Other (specify):

Mail PURCHASE ORDERS and BIDS to:

Name/Co.:
Attn:
Street 1:
Street 2:
City: State:
Zip Code: County:
Phone #: Fax #:
E-Mail Address:

Mail PAYMENTS / REMIT to: (Invoices should reflect what is shown below)

Name/Co.:
Attn:
Street 1:
Street 2:
City: State:
Zip Code: County:
Phone #: Fax #:
E-Mail Address:

Payment Type Made to You: (Check all that apply)

- ____ Check
- ____ ACH
- ____ Wire Transfer
- Credit Card (place an "X" in all that are accepted):
  - ____ VISA
  - ____ MasterCard
  - ____ AMEX
  - ____ Other:
- ____ Other (specify):

The completion of the Supplier Registration Form is NOT an approval for doing business with Stewart. It does not guarantee that your company will receive an RFx or a contract from Stewart. Completion of the Supplier Registration does not imply that your company has any type of procurement relationship with Stewart.

Proposed Payment Terms: ____ % Discount, Net Days ____ Other (specify): ____

Business Classification Type: (Check all that apply)
**** This acts as a self-certification for your business classification. Codes 02, 03 & 04 must be officially registered with the SBA.**

- ____ (01) Large
- ____ (02) Small
- ____ (03) Small & Disadvantaged
- ____ (04) HUB Zone
- ____ (05) Minority Owned
- ____ (06) Handicapped Owned
- ____ (07) Woman Owned
- ____ (08) Historical Black College / University
- ____ (09) Minority Institutions
- ____ (10) Veteran-Owned Small Business
- ____ (11) Service-Disabled Veteran Owned
- ____ (12) Other (specify)

IMPORTANT INSTRUCTION TO SUPPLIER: SUPPLIER MUST OBTAIN AUTHORIZATION VIA A PURCHASE ORDER, A CREDIT CARD TRANSACTION OR EXECUTE A CONTRACT PRIOR TO PROVIDING PRODUCTS AND / OR SERVICES FOR STEWART

Authorized Signature ***Title*** ***Date***

Form Revised 11/13/15