

Vendor Registration Form

If you would like your company to be included in our database of potential vendors, please fill out this form and submit it by email to:

BLG-Procurement@state.gov

| | |
|-----------------------------------|--|
| Company Name | |
| Company street address | |
| City | |
| Postal code | |
| Name of Point of Contact | |
| Position | |
| Telephone (including area code) | |
| Fax (including area code) | |
| E-mail | |
| Web page | |
| Industry Sector | |
| Subcategory | |
| DUNS # | |
| PIB# | |
| Brief description of your Company | |