



Supplier Registration Form

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| Company Information | | |
| <i>Company Name*</i> | | |
| <i>Address Line 1*</i> | <i>City*</i> | |
| <i>Address Line 2</i> | <i>State*</i> | <i>Zip*</i> |
| <i>Contact Name*</i> | <i>Telephone Number*</i> () | |
| <i>Email Address</i> | <i>Ext</i> | <i>Fax</i> |
| <i>Company Webpage</i> | | |
| Business Classification | | |
| As a prime contractor to the federal government, SCANA is required to establish annual spend goals and to report its annual expenditures with small, women-, minority-, HUBZone, veteran-, and service-disabled veteran-owned businesses to show support to a diverse marketplace. | | |
| <i>check one</i> | <i>check all that apply</i> | |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Women-Owned | <input type="checkbox"/> Minority-Owned <input type="checkbox"/> HUBZone |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> Service Disabled Veteran-Owned |
| Products/Services Provided | | |
| <i>List all products or services that your company provides</i> | | |
| | | |
| Comments/Additional Information | | |
| | | |

**Required Field*

By submitting this registration form, your business information will be placed on an internal database where procurement personnel will have the opportunity to reference the documentation for any future opportunities. Submitting this registration form does not necessarily warrant a procurement contract or request for bid.