

Supplier Name*

DBA (If applicable)

Street Address

City

State

Zip Code

Contact Information

Name*

Title

Phone

Email Address

Contact Pronouns
(e.g. she/her/hers,
they/them/theirs, etc.)

Website

Type of Product/Services

(Select all that apply)

- Consulting
- Customer Servicing
- Facility Management & Operations
- IT Labor Services
- Market Data & Information Services
- Marketing & Advertising
- Professional Services
- Temporary Labor and Recruiting
- Real Estate
- Technology
- Other

Product/Service Description

Company Information

SIC Codes

NAICS Codes

**Does your company
provide services to
the government?**

Yes

No

If yes, please indicate division

**Has your company
provided services to
Amex previously?**

Yes

No

If yes, please fill Amex Contact information

Name

Email Address

Business Unit

Project Name

Legal Type of Firm*

Federal Tax ID#/SSN

DUNS#

Time Your Firm Has
Been in Operation*

Geographic Location*

Total # of Employees*

State of Incorporation*

Division/Subsidiary/Affiliate of*

Annual Sales in Last
Three Years

Company References*

Company Name

Contact

Phone

Bank References

Bank Name

Contact

Phone

*Amex will not contact references without your permission in advance

Principal Owners of Company*

Name

Title

Ownership %

Ethnicity

Gender

Disability

LGBTQ

Veteran

Current Certificate Information:

Certification Agency*

Expiration Date:*(
(mm/dd/yyyy))

Issue Date:*(
(mm/dd/yyyy))

If unavailable, when did you apply?

**How did you
learn about
the American
Express Supplier
Diversity, Equity,
and Inclusion
Program.**
(Please select one)

Visited exhibit booth at
(conference name & year)

Referred by
(name)

American Express Colleague
(name)

Advertisement in
(publication name)

Other

Please specify selection

After you complete the Supplier Form, return it with a copy of the current certificate(s) provided by the agencies you're certified with to supplierdiversity@aexp.com.