

Diverse Supplier Profile

COMPANY INFORMATION

Company Name:

Address:

City: _____ State: _____ Zip Code: _____

Country: _____ Date of Submission: _____

CONTACT INFORMATION

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

How did you hear about Otsuka?

PLEASE LIST UP TO 5 NAICS: <http://sba.gov>

NAICS #1: _____ NAICS #2: _____ NAICS #3: _____ NAICS #4: _____ NAICS #5: _____

BUSINESS CLASSIFICATIONS

Business Type	Check if Yes	Certifying Agency	Certificate Exp. Date: mm/dd/yyyy
Large Business (LB)	<input type="checkbox"/>	_____	_____
Small Business (SB)	<input type="checkbox"/>	_____	_____
Minority Business (MBE)	<input type="checkbox"/>	_____	_____
Women Business (WBE)	<input type="checkbox"/>	_____	_____
Lesbian Gay Bisexual Transgender Business (LGBT)	<input type="checkbox"/>	_____	_____
Veteran Business (VBE)	<input type="checkbox"/>	_____	_____
Disability Business (USBLN)	<input type="checkbox"/>	_____	_____
Women Owned Small Business (WOSB)	<input type="checkbox"/>	_____	_____
Small Disadvantaged Business (SDB)	<input type="checkbox"/>	_____	_____
Veteran-Service Disabled (SDVO)	<input type="checkbox"/>	_____	_____
Small Business (SB)	<input type="checkbox"/>	_____	_____
HUBzone (HUB)	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

TOP THREE CUSTOMERS

Customer Name: _____ Contact Name/Number: _____

% of Business: _____ Product or Service Provided: _____ Length of Contract/Ongoing?: _____

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Please e-mail this form and all attachments to supplierdiversity@otsuka-us.com. Please be sure to include any diversity and quality certifications. NMSDC, WBENC, CAMSC, WECONNECT, CVE, and/or NVBDC certificate must be included in order to be registered in the diversity database.