

Minority Supplier Request For Information

Name of Company: _____

Product / Service Description: _____

Name of Owner: _____ Title: _____

Headquarters Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

North American Industry Classification System (NAICS): _____

Other Physical Locations (Cities, States): _____

Geographic Service Area: _____

Year Established: _____ Current Number of Employees: _____

Minority Classification (Asian Indian, Asian Pacific, African American, Hispanic, Native American):

Organization's Minority Status Certified (Yes / No): _____

If Yes, with which organization(s): _____

ISO Certification (Yes / No): _____

Have You Worked With Owens Corning Before (Yes / No): _____

If Yes, when _____ and which locations _____

Which OC Product Does Your Product / Service Fit Within (If NA, please insert NA):

Customers for Which You Have Handled National Contracts: _____

Other Major Customers: _____

Additional Comments: _____
