



NISSAN NORTH AMERICA, INC.

Supplier Business Profile

Print or Type

Company Name:		Contact:	
Address:		Billing Address:	
City/State/Zip:		City/State/Zip:	
Telephone:	Fax:	E-mail Address:	
Fed. I.D./SSN:	D&B Number:	SIC Codes:	
<i>Company Officers:</i>			
Name:		Title:	
Name:		Title:	
Name:		Title:	
General Counsel:		Address:	
Company Type (Circle only one): BR - (Broker) MA - (Manufacturer) DI - (Distributor) MR - (Mfr's Rep.) SE - (Service) CO - (Consulting)		Company Category (Circle only one): CORP - (Corporation) PART - (Partnership) PROP - (Proprietorship) JOVE - (Joint Venture) LLP - (Ltd. Liability Partnership) LLC - (Ltd. Liability Corp.)	
Business Established: MO / DAY / YEAR	No. of Employees:	Sales Volume (Optional): Last Year (\$1000's):	

Company Classification (Check A, B, and/or C as appropriate):			
A. Minority Business Concern (Circle only one)		___ Yes	___ No
African American	Asian Indian American		
Hispanic American	Native American		
Minority Non-Profit			
B. Small Business Concern		___ Yes	___ No
C. Woman-Owned Business		___ Yes	___ No
Has your business been certified as minority-owned by a regional office of the National Minority Supplier Development Council (http://www.nmsdcus.org)? If so, please attach a copy of the certificate.		___ Yes	___ No

Description of Products and/or Services (Please be specific - attach an additional sheet if necessary):
Does your business receive, transmit, or store consumer information? Yes _____ No _____
If yes, does your business have information safeguards in place as required by any applicable State or Federal laws? Yes _____ No _____

Additional capabilities (Check as appropriate):	
A. EDI	___ Yes ___ No
B. EFT	___ Yes ___ No
C. Internet Accessible	___ Yes ___ No
D. Electronic Commerce	___ Yes ___ No
E. Accept credit card payments	___ Yes ___ No
Internet Address:	_____
If yes, which ones?:	_____
Minimum order:	_____

Production Equipment (If applicable):

Geographic Service Area (Circle only one):			
I - International	N - National	R - Regional	L - Local
<i>If regional or local service, please indicate specific area(s):</i>			

References:		
Corporate Customer:	Contact:	Phone:
1.		
2.		
3.		

Has your company engaged in business with NNA within the last 12 months? ___ Yes ___ No

If yes, please provide sales volume for last year (\$1000's): _____