



Graphic Packaging is committed to identifying and working with diverse suppliers. The following information is requested to ensure we have accurate details on your diversity status.

Completion of this form is required for your business to be considered in our Supplier Diversity program. Please return this completed form, along with any diversity certificates, to **GPISupplierDiversity@graphicpkg.com**.

Legal Company Name _____

DBA/AKA Name _____

Current Address _____

City _____ **State** _____ **Zip Code** _____

Business Owner Name _____

Business Owner Email Address _____

#of Employees _____ **Annual Sales** _____

Services or Material(s) Offered: _____

Areas Serviced: _____

Business Classification Ownership (please circle):

- | | | |
|------------------|-----------------|--------------------------|
| African American | Native American | Veteran/Service-Disabled |
| Asian American | LGBTQ+ | |
| Hispanic | Woman | |

Current Certification (please circle):

- | | | | |
|-----------|---------------------------|-------|--------|
| NMSDC | WBENC | USHCC | USBC |
| WeConnect | DisabilityIN | NGLCC | NaVoba |
| USPACC | Self-Certifying Affidavit | | |

I, _____, (name and title)
representing _____ (company name) confirm that
the above information is correct and true.

(Signature)

(Date)