



GM SUPPLIER INFORMATION

EDI CONTACT NAME: _____
EDI CONTACT PHONE: (____) _____

EDI CUSTOMER COMMUNICATION CODE: _____
(Please distinguish between 'O' and '0' (zero))

This code is provided by Covisint if you are connecting to Covisint directly or are using a VAN that connects directly to Covisint. This form can be sent back without the communication code.

SOFTWARE COMPANY (if utilized): _____

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Please provide all locations of your company and their respective duns number.

GM DIVISION (MGO, SPO, etc.)

SUPPLIER LOCATION:

DUNS NUMBER: _____
SOURCE CODE OR
SUPPLIER CODE (IF KNOWN) _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: (____) _____

ADDITIONAL LOCATIONS:

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: (____) _____

Use back or additional sheets as required to cover all locations.

Submit completed form via a CRT ticket at <http://crt.covisint.com>