

Suppliers seeking to do business with Hyundai Motor America (HMA) & Hyundai Motor Finance Company (HMFC) must be registered in our Supplier Database. Hyundai requires minority & woman-owned suppliers to obtain certification with either the National Minority Supplier Development Council (NMSDC) or Women's Business Enterprise National Council (WBENC) prior to registering on the Hyundai Motor America web site. You will be required to provide proof of your certification (a copy of your certificate) as part of the registration process. For more information, please contact Hyundai Purchasing Department at (714) 887-2424 or go to our web site (www.hyundaiusa.com). For information on receiving electronic payment from HMA, please visit www.bankofamerica.com/paymode/hyundai after you are given a supplier number.

Please print or type clearly (* Denotes required fields)

A. Company Information:

*COMPANY NAME	*PHONE #	*FAX #	
*ACCOUNT REPRESENTATIVE	*TAX I.D. #	*DUN & BRADSTREET #	
*STREET ADDRESS	*E-MAIL		
*CITY	*STATE	*ZIP	
*ORDER FROM" OFFICE (IF DIFFERENT FROM ABOVE) STREET ADDRESS	*STATE	*ZIP	
*REMIT TO" OFFICE (IF DIFFERENT FROM ABOVE) STREET ADDRESS	*STATE	*ZIP	
*WEBSITE	*PRESIDENT/CEO		

B. *Type of Firm: (Please select ALL that apply, at least one box must be selected in order to print or submit)

OWNERSHIP STATUS (If classified as Minority or Women-Owned business enterprise, you acknowledge that this company is at least 51% owned and operated by minorities or women and is certified as such. **Provide a copy of your certification with this form.**)

- Non-Minority & Non-Woman
 Black American
 Native American
 Woman & Black American
 Woman & Native American
 Asian Pacific American
 Woman & Asian Pacific American
 Woman & Non-Minority
 Hispanic American
 Subcontinent Asian American
 Woman & Hispanic American
 Woman & Subcontinent Asian American
 Small Business
 Service Disabled Veteran-Owned
 Other Minority Group: _____

C. Certification: (If you are certified as a Minority, Woman or Disabled Veteran-owned Business Enterprise (M/W/DVBE), please provide the certifying agency and submit a copy of your certification form along with this form)

*CERTIFYING AGENCY	*CERTIFICATE TYPE <input type="checkbox"/> NMSDC <input type="checkbox"/> WBENC <input type="checkbox"/> Other _____	*CERTIFICATION #	*EXPIRATION DATE
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D. *Products and/or Services Offered:

E. Business Information:

*NAICS CODE	*LENGTH OF TIME THE COMPANY HAS BEEN IN CONTINUOUS OPERATION If incorporated, in which state _____ Division, Subsidiary or Affiliate: _____
NUMBER OF EMPLOYEES AT LOCAL OFFICE/FACILITY	NUMBER OF EMPLOYEES IN COMPANY (INCLUDING SUBSIDIARIES/AFFILIATES, ETC.)
GEOGRAPHICAL SERVICE AREA(S)	
IF REGIONAL OR LOCAL, PLEASE SPECIFY	

F. Annual Sales Last 3 Years:

YEAR	SALES VOLUME	YEAR	SALES VOLUME	YEAR	SALES VOLUME
	\$ _____		\$ _____		\$ _____

G. *Business References:

REFERENCE 1 COMPANY NAME	PHONE #	CONTACT NAME	
STREET ADDRESS	CITY	STATE	ZIP
REFERENCE 2 COMPANY NAME	PHONE #	CONTACT NAME	
STREET ADDRESS	CITY	STATE	ZIP
REFERENCE 3 COMPANY NAME	PHONE #	CONTACT NAME	
STREET ADDRESS	CITY	STATE	ZIP

For Hyundai Requestor Department Use Only

DATE RECEIVED	REVIEWED BY	APPROVED DATE
PAYMENT <input type="checkbox"/> One-Time <input type="checkbox"/> Multiple	DEPARTMENT NAME	COST CENTER
REQUESTOR'S NAME	REQUESTOR'S SIGNATURE	DATE
DEPARTMENT MANAGER'S NAME		DEPARTMENT MANAGER'S SIGNATURE
		DATE

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ENTERED IN DATABASE BY		A/P MANAGER APPROVAL	
Name _____	Date _____	Name _____	Date _____
INACTIVATION DATE	INACTIVATION PERFORMED BY	SUPPLIER NUMBER	SUPPLIER GROUP (JDE CAT. CODE 5)

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DATE RECEIVED	REVIEWED BY
	Name _____ Signature _____

By submitting this form, you hereby acknowledge that the information provided is current, complete and accurate, as of the time of submission. Please note, submission of this form does not guarantee business with Hyundai Motor America or Hyundai Motor Finance Company or any of its affiliates or subsidiaries. Submit this form along with any marketing materials to the following: