



GOLDEN STATE WARRIORS SUPPLIER DIVERSITY PROGRAM

SUPPLIER APPLICATION

PLEASE COMPLETE THE APPLICATION FORM BELOW AND SUBMIT TO SUPPLIERDIVERSITY@WARRIORS.COM.
VERIFY THAT ALL INFORMATION YOU ENTER IS ACCURATE AND CORRECT BEFORE SUBMITTING. REQUIRED FIELDS
ARE INDICATED BY AN ASTERISK “**”

LEGAL NAME* _____

DOING BUSINESS AS _____
(IF YOUR COMPANY OPERATES UNDER A TRADE NAME OR “DBA” PLEASE PROVIDE THIS INFORMATION HERE.)

COMPANY ADDRESS 1* _____

COMPANY ADDRESS 2 _____

CITY* _____ STATE* _____ ZIP CODE* _____

COMPANY PHONE NUMBER* _____ COMPANY WEBSITE* _____

PRIMARY CONTACT FIRST NAME* _____ PRIMARY CONTACT LAST NAME* _____

PRIMARY CONTACT PHONE NUMBER* _____ PRIMARY CONTACT EMAIL* _____

OWNERSHIP*

MAJORITY OWNER; 51% OR MORE. YOU MUST MAKE A “YES” OR “NO” SELECTION FOR EACH OF THE CATEGORIES SHOWN.
YOU CAN SELECT “YES” FOR MULTIPLE CATEGORIES.

MINORITY LGBTQ WOMEN VETERAN US CITIZEN/PERMANENT RESIDENT

OWNERS' ETHNICITIES*: MAJORITY OWNER; 51% OR MORE

IS YOUR COMPANY A FOOD VENDOR?*

COMPANY CAPABILITIES*

THE INFORMATION YOU PROVIDE HERE MAY BE USED WHEN BUYERS CONDUCT RESEARCH.
PLEASE PROVIDE AN ACCURATE AND COMPLETE DESCRIPTION OF YOUR PRODUCT AND SERVICE CAPABILITIES.

COMPANY CERTIFICATIONS:

PLEASE LIST ANY CERTIFICATIONS THAT YOUR COMPANY HAS. PLEASE INCLUDE CERTIFICATION NAME/NUMBER AND EXPIRATION DATE.
YOU MAY SUBMIT A FILE TO SHOW CERTIFICATION ALONG WITH YOUR APPLICATION TO SUPPLIERDIVERSITY@WARRIORS.COM