



## 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>