

## Registration for Gryphon Supplier Diversity and Inclusion Program

**Business Name** 

Doing Business As (DBA):	FEIN:	
Tell Us About Your Company:		
Contact Name	RPO (Regional Partner Organiz	zation):
Street Address	Street Address Line 2	
City	State	Zip Code
Phone Number	Email Address	
Web site address:	Business Type:	
Your NAICS Code(s):	Your Diversity Status/Type of C	Certification:
Years Certified	Years in Operation:	

Please select all areas that your business provides:

## **PRODUCTS:**

IT Hardware

Logistics and packaging supplies

Office supplies

**Printers, Copiers** 

**Promotional products** 

Software

Coffee/Kitchen supplies

Paper supplies

Office furniture

## **SERVICES:**

**Accounting and Auditing services** 

**Employment services - Nationwide staffing** 

IT services

Video production and editing

Website development, Social Media strategy,

Digital marketing

**Photography** 

Payroll processing

Insurance

**Tax Preparation** 

**Printing** 

Logistics

Marketing

OTHER: Please include any additional Products or Services not listed above.

Please complete, print and scan the Gryphon Supplier Diversity and Inclusion Program registration form and send as an attachment with your Capability Statement and a copy of your certification document to Diversity@ccclease.com or fax it to 1.727.450.5360.

Questions should be directed to Denise Pugliese at 877.654.1500