



**Supplier Registration Form**  
**AMD's Supplier Diversity**  
**Program**  
 Form v. 1

This Supplier Diversity Registration form is for Advanced Micro Devices, Inc. internal use only.

Your cooperation in answering the following questions completely and accurately will assist us to register your company in AMD's Supplier Diversity Program.

FULL NAME OF COMPANY				# EMPLOYEES		
OWNER'S NAME (if sole proprietorship)				ANNUAL SALES		
PHYSICAL ADDRESS (city, state and zip code)				SQ FOOTAGE		
BILLING ADDRESS (city, state and zip code)						
TELEPHONE NUMBER		FAX NUMBER	EMAIL		FEDERAL ID	DUNN & BRADSTREET #
CONTACT PERSON		TITLE		PHONE		WEBSITE
BUSINESS ORGANIZATION/TYPE OWNERSHIP (Check all that apply) CORPORATION                      SOLE PROPRIETOR                      PARTNERSHIP                      INDIVIDUAL DISTRIBUTOR                      SUBSIDIARY                      BROKER                      FRANCHISE JOINT VENTURE                      PROFIT                      NON PROFIT MINORITY OWNED                      WOMEN OWNED                      SMALL DISADVANTAGED BUSINESS						
HAS YOUR COMPANY BEEN CERTIFIED BY A FEDERAL, STATE, MUNICIPAL GOVERNMENT OR ANY OF THE LOCAL OR REGIONAL MINORITY SUPPLIER DEVELOPMENT COUNCILS AND/OR ANY OTHER ORGANIZATION THAT CERTIFIES MINORITY OR WOMEN OWNED BUSINESSES?  IF SO, PLEASE IDENTIFY THE ORGANIZATION AND ATTACH CERTIFICATION DOCUMENTATION				ETHNIC CLASSIFICATION (Check all that apply)  African American Asian American Hispanic American Native American		
STATE AND YEAR OF INCORPORATION			8 DIGIT SIC CODE (Please see list of accepted codes)			

PLEASE SUPPLY A BRIEF DESCRIPTION OF YOUR PRODUCT OR SERVICE
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FINANCIAL & TRADE REFERENCES:		
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
COMPANY NAME	ADDRESS (including city, state and zip code)	CONTACT PERSON
ANY PREVIOUS BUSINESS WITH AMD? IF SO, PLEASE SPECIFY		
APPLICATION COMPLETED BY: (PRINT NAME)	SIGNATURE	
TITLE	DATE	
ARE YOU REGISTERING AS A DIVERSE OR WOMEN-OWNED SUPPLIER FOR A SPECIFIC AMD PROJECT OR LOCATION? If yes, please specify project or location:		

**RETURN THIS COMPLETED FORM BY EMAIL TO:**  
**Supplier.diversity@amd.com**

**OR BY US MAIL TO:**  
 Advanced Micro Devices, Inc.  
 ATTN: Supplier Diversity  
 Mail Stop: 583  
 Street Address: 5204 East Ben White Blvd  
 AUSTIN, TEXAS 78741

**OR BY FAX TO:**  
 Supplier Diversity  
 Fax Transmittal: 512-602-2586