

**New Supplier Registration Form**

Attention: PRS Supply Management  
1200 Mira Mar  
Medford, OR 97504  
Fax: 541-857-7599

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Province/Other: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

D-U-N-S Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Company Website: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Brief Description of your Products and Services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree with the Contract Terms and Conditions posted on this website for PRS and its organizations. (Note: This box must be checked to process your registration)