



Dun & Bradstreet Number (DUNS) Information Request Form

Contact Information

First Name	Last Name/Surname
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Job Title: _____

Contact Phone (Country, Area, Number, Extension): _____

Contact Email Address: _____

Contact Address

- Street/Floor/Unit: _____
- City: _____
- State/Province/Territory: _____
- Country: _____
- Zip Code: _____

Legal Business Information

Legal Name *(Please provide the official name of the business as registered with appropriate authorities.)*

Company Name	Suffix (ex. LLC, Ltd., Inc. Corp.)
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Phone (Country, Area, Number, Extension): _____

Fax (Country, Area, Number): _____

Company Website: _____

Company Email Address: _____

Headquarters Address

- Street/Floor/Unit: _____
- City: _____
- State/Province/Territory: _____
- Country: _____
- Zip Code: _____

Physical Address *(if different from above)*

- Street/Floor/Unit: _____
- City: _____



- State/Province/Territory: _____
- Country: _____
- Zip Code: _____

Company Mailing Address *(if different from above)*

- Street/Floor/Unit: _____
- City: _____
- State/Province/Territory: _____
- Country: _____
- Zip Code: _____

When was your company established (Month, Day, Year)? _____

How many employees do you have? _____

Industry Classification

Kindly provide your company's industry classification code(s), where applicable.

NAICS (North American Industry Classification System) Code: _____

SIC (Standard Industrial Classification) Code: _____

Trade Names

If your company uses alternate trade names (ex. dba, doing business as) in addition to the details provided in above, kindly provide its alternate trade name(s) below.

Alt. Trade Name 1: _____

Alt. Trade Name 2: _____

Alt. Trade Name 3: _____

Alt. Trade Name 4: _____

Ownership Information and Structure

Type of Business (ex. Corporation, Partnership, etc.): _____

Owner/Shareholder 1

- Full Name: _____
- Job Title/Position: _____
- Phone (Country, Area, Number, Extension): _____
- Email Address: _____



- Address: _____

Owner/Shareholder 2

- Full Name: _____
- Job Title/Position: _____
- Phone (Country, Area, Number, Extension): _____
- Email Address: _____
- Address: _____

Owner/Shareholder 3

- Full Name: _____
- Job Title/Position: _____
- Phone (Country, Area, Number, Extension): _____
- Email Address: _____
- Address: _____

Owner/Shareholder 4

- Full Name: _____
- Job Title/Position: _____
- Phone (Country, Area, Number, Extension): _____
- Email Address: _____
- Address: _____

*If your business runs under a **Parent Company**, please provide the information below.*

_____ Parent Company Name _____ Suffix (ex. Company, LLC, Ltd., Inc.)

Phone (Country, Area, Number, Extension): _____

Fax (Country, Area, Number): _____

Company Email Address: _____

Address

- Street/Floor/Unit: _____
- City: _____
- State/Province/Territory: _____
- Country: _____



- Zip Code: _____

*If your business has its own **subsidiary(ies)**, please provide the information below.*

Subsidiary Company Name Suffix (ex. Company, LLC, Ltd., Inc.)

Phone (Country, Area, Number, Extension): _____

Fax (Country, Area, Number): _____

Company Email Address: _____

Address

- Street/Floor/Unit: _____
- City: _____
- State/Province/Territory: _____
- Country: _____
- Zip Code: _____

Business Process

Please provide the industry type(s)/process(es) that best describe your company, where applicable.

What products does your company primarily offer?

What services does your company primarily offer?

Facility Information

Does your company have multiple facilities/branches? (Yes/No) _____

If you intend to register your facility with the FDA, please note that each food facility must have a separate DUNS number.

If you answered “Yes” to the previous question, please provide the information below. You may add more facilities, if applicable.

Facility 1

- Facility Name: _____



- Physical Address
 - Street/Floor/Unit: _____
 - City: _____
 - State/Province/Territory: _____
 - Country: _____
 - Zip Code: _____
- Phone (Country, Area, Number, Extension): _____
- Contact Person Name: _____
- Contact Email Address: _____

Facility 2

- Facility Name: _____
- Physical Address
 - Street/Floor/Unit: _____
 - City: _____
 - State/Province/Territory: _____
 - Country: _____
 - Zip Code: _____
- Phone (Country, Area, Number, Extension): _____
- Contact Person Name: _____
- Contact Email Address: _____

Facility 3

- Facility Name: _____
- Physical Address
 - Street/Floor/Unit: _____
 - City: _____
 - State/Province/Territory: _____
 - Country: _____
 - Zip Code: _____
- Phone (Country, Area, Number, Extension): _____
- Contact Person Name: _____



- Contact Email Address: _____

Facility 4

- Facility Name: _____
- Physical Address
 - Street/Floor/Unit: _____
 - City: _____
 - State/Province/Territory: _____
 - Country: _____
 - Zip Code: _____
- Phone (Country, Area, Number, Extension): _____
- Contact Person Name: _____
- Contact Email Address: _____

Application Authorization Statement

Please fill out and sign the authorization form on the next page.



Attestation

I, _____, residing in _____, hereby authorize the company Consultare Inc. Group, based in 1331 Pine Trail, Tomball, Texas, United States of America, to act as my authorized representative for the purpose of registration with Dun & Bradstreet for the facility with the name _____, whose facility address is at _____.

With that being said, I understand that Consultare Inc. Group will submit all necessary applications, documents, and fulfill any requirements needed by Dun & Bradstreet to facilitate the Data Universal Numbering System (DUNS) registration on my behalf.

This authorization is made voluntarily and with full understanding of its implications.

Signed this _____ day of the month of _____, 2024.

Signature over printed name