



**Finance & Administration**  
*Procurement*

Administrative Use Only

Supplier ID:

## Supplier Business Profile

Company Name:  
Address:  
City, State, Zip Code  
Phone

**Contact Name**

**Email**

**Website**

### Company Summary

COMPANY OVERVIEW

SERVICES OFFERED

KEY CUSTOMERS

Certification Type:

Accepts Credit Card:

Insurance Type:

Gross Annual Sales:

OWNER/OPERATOR

COMMODITIES

PAST PROJECTS

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*Completed business profile should be emailed to [suppdiversity@lsu.edu](mailto:suppdiversity@lsu.edu).*

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