



# Ally Supplier Overview Questionnaire

**Company Name:**

**Contact Info:**

**NAICS Code:**

**Annual Revenue:**

**Number of Employees:**

**Geographical Coverage Area:**

**Diversity Council Affiliation:**

**1. Please provide an overview of your company:**

**2. What is your business's specialty, or niche, and desired future engagement with Ally?**

**3. Does your company have a Supplier Diversity program?**

**yes**

**no**

**4. Are you a minority-owned, woman-owned, veteran-owned, disability-owned, LGBTQ-owned, or small business?**

**minority-owned**

**woman-owned**

**veteran-owned**

**disability-owned**

**LGBTQ-owned**

**small business**