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**Supplier Quick Pay Program (SQPP) Enrollment Application**

**Email completed form to** [**supplierdiversity@sempra.com**](mailto:supplierdiversity@sempra.com)**, Attn: COVID-19 SQPP Enrollment**

***Company Name:***

***DBA:***

***Address:***

***City: State: Zip:***

***CPUC/Von # if applicable: SIC Code:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Person: Title:***

***Phone Number of Contact Person:***

***Email Address of Contact Person:***

***SDG&E Purchase Order Number(s):***

***Name of SDG&E Contracting Agent:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***SDG&E Purchase Order Start Date(s):***

***SDG&E Purchase Order End Date(s):***

***Annual Amount of SDG&E P.O.(s):***

***Total Annual Revenue of Your Company:***

***Total Number of Full Time Employees at Your Company:***

***Describe how COVID-19 has negatively impacted your business:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For SDG&E Internal Use Only**

**Enrolled:** \_\_\_\_\_  **Date of Enrollment:** \_\_\_\_\_\_\_\_\_\_  **Date Payment Terms Modified:**

**Not Enrolled:** \_\_\_\_\_ **Reason If Not Enrolled:**

**SDG&E Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SDG&E Contract Agent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_