SUPPLIER INFORMATION

(Please print or type)

Email: _____ *Fax Form to:* _____ *Attn:*_____

CHECK ONE: ☐ Add new supplier ☐ Change supplier information **DATE:**

SUPPLIER NAME: **VENDOR CODE:**

CONGRESSIONAL DISTRICT NO.:

BUSINESS STREET ADDRESS:

CITY: **STATE:** **ZIP + 4:**

SUPPLIER REMITTANCE (PAYEE) ADDRESS (If different from business address) :

CITY: **STATE:** **ZIP + 4:**

CONTACT PERSON & TITLE:

PHONE NO.: **FAX NO.:** **EMAIL:**

NAME OF HEAD OF ORGANIZATION (This information is mandatory):

(Please check appropriate title – no others are acceptable): ☐ **PRESIDENT** ☐ **CEO** ☐ **DIRECTOR** ☐ **PARTNER** ☐ **SOLE PROPRIETOR**

STREET ADDRESS (If different from above):

PHONE NO.: **FAX NO.**: **EMAIL**:

TAX ID NO.: **DUN & BRADSTREET NO.**:

PAYMENT TERMS: **VISA CREDIT CARD ACCEPTED**: ☐ Yes ☐ No

BUSINESS CATEGORY: (check all that apply)

____ Individual ____ Prof Corp ____ University ____ Not Applicable
____ Corporation ____ Partnership ____ Sole Proprietorship ____ Other

STATE OF INCORPORATION, IF INCORPORATED:

PARENT COMPANY:

PARENT COMPANY DUN AND BRADSTREET NO.:

BUSINESS SIZE STANDARD:
[In accordance with Federal Acquisition Regulation (FAR) Part 19.102]

CHECK ALL THAT APPLY:

____ Large Business
____ Small Business
____ Woman-Owned Small Business
____ 8(a), SBA Certification Date _____
____ HUBZone, SBA Certification Date _____

____ Small Disadvantaged Business
____ Veteran Owned Small Business
____ Service Disabled Veteran owned Small Business
____ Historical Black College or University
____ Non-Profit Organization
____ Government Agency

CHECK ALL THAT APPLY:

____ Asian Pacific American
____ Black American
____ Hispanic American
____ Indian Tribe

____ Native Hawaiian Organization
____ Not a Minority Organization
____ Native American
____ Other Minority
____ Subcontinent Asian American

BY SIGNING THIS FORM I CERTIFY THE ABOVE INFORMATION IS TRUE, CORRECT AND ACCURATE.

SIGNATURE:	**DATE:**

UCN-22533 (01-11)