



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) : P.O. Box: _____

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.: _____ + 4

PAYMENT TERMS: _____ VISA CREDIT CARD ACCEPTED: Yes No

BUSINESS CATEGORY: _____ Individual _____ Prof Corp _____ University _____ Not Applicable
(check all that apply) _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Other

STATE OF INCORPORATION, IF INCORPORATED: _____ PARENT COMPANY: _____

PARENT COMPANY DUN AND BRADSTREET NO.: _____ + 4

BUSINESS SIZE STANDARD:

[In accordance with Federal Acquisition Regulation (FAR) Part 19.102]

CHECK ALL THAT APPLY:

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran Owned Small Business
<input type="checkbox"/> Woman-Owned Small Business	<input type="checkbox"/> Service Disabled Veteran owned Small Business
<input type="checkbox"/> 8(a), SBA Certification Date _____	<input type="checkbox"/> Historical Black College or University
<input type="checkbox"/> HUBZone, SBA Certification Date _____	<input type="checkbox"/> Non-Profit Organization
	<input type="checkbox"/> Government Agency

CHECK ALL THAT APPLY:

<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Native Hawaiian Organization
<input type="checkbox"/> Black American	<input type="checkbox"/> Not a Minority Organization
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Other Minority
	<input type="checkbox"/> Subcontinent Asian American

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

SIGNATURE: _____ DATE: _____