



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.: _____ **DUNN & BRADSTREET NO.:** _____

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.:** _____

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

CHECK ALL THAT APPLY:
___ Large Business ___ Small Disadvantaged Business, SBA Certification
___ Small Business ___ Veteran Owned Small Business
___ Woman-Owned Small Business ___ Service Disabled Veteran owned Small Business
___ 8(a), SBA Certification Date _____ ___ Historical Black College or University
___ HUBZone, SBA Certification Date _____ ___ Non-Profit Organization
___ Government Agency

CHECK ALL THAT APPLY:
___ Asian Pacific American ___ Native Hawaiian Organization
___ Black American ___ Not a Minority Organization
___ Hispanic American ___ Native American
___ Indian Tribe ___ Other Minority
___ Subcontinent Asian American

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

SIGNATURE: _____ **DATE:** _____