SUPPLIER INFORMATION

(Please print or type)

Fax Form to _____

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

SUPPLIER NAME: **VENDOR CODE:**

BUSINESS STREET ADDRESS:

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

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: (check all that apply)

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

STATE OF INCORPORATION, IF INCORPORATED:	**PRINCIPAL PLACE OF BUSINESS:**

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, SBA Certification
____ 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

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE INFORMATION

(For on-line NAICS Code Information: https://eweb1.sba.gov/naics/dis_naicssearch2.cfm)

SIX-DIGIT NAICS CODE AND DESCRIPTION	SIX-DIGIT NAICS CODE AND DESCRIPTION
1.	3.
2.	4.

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

SIGNATURE:	**DATE:**