

VENDOR REGISTRATION

Vendor Code <input style="width: 100%;" type="text"/>	Vendor Business Contact * <input style="width: 100%;" type="text"/>	Contact Phone * <input style="width: 100%;" type="text"/>	
Legal Business Name * <input style="width: 100%;" type="text"/>		Date <input style="width: 100%;" type="text"/>	
Business Street Address * <input style="width: 100%;" type="text"/>			
City * <input style="width: 100%;" type="text"/>	State * <input style="width: 100%;" type="text"/>	Zip Code + 4 * <input style="width: 100%;" type="text"/>	Foreign Zip Code <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	Business Phone * <input style="width: 100%;" type="text"/>	FAX Number <input style="width: 100%;" type="text"/>	Toll Free Number <input style="width: 100%;" type="text"/>
Company Web Address <input style="width: 100%;" type="text"/>			
E-mail Address * If none, enter "N/A". <input style="width: 100%;" type="text"/>			

SECTION A VENDOR MAILING ADDRESS (Please complete if different from business address.)

Address <input style="width: 100%;" type="text"/>			
City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Zip Code + 4 <input style="width: 100%;" type="text"/>	Foreign Zip Code <input style="width: 100%;" type="text"/>

SECTION B VENDOR SHIPPING ADDRESS (Please complete if different from business address.)

Address <input style="width: 100%;" type="text"/>			
City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Zip Code + 4 <input style="width: 100%;" type="text"/>	Foreign Zip Code <input style="width: 100%;" type="text"/>

SECTION C VENDOR REMITTANCE ADDRESS (Required to be completed.)

Address * <input style="width: 100%;" type="text"/>			
City * <input style="width: 100%;" type="text"/>	State * <input style="width: 100%;" type="text"/>	Zip Code + 4 * <input style="width: 100%;" type="text"/>	Foreign Zip Code <input style="width: 100%;" type="text"/>
Accounts Receivable Contact Name * <input style="width: 100%;" type="text"/>	Phone Number * <input style="width: 100%;" type="text"/>	FAX Number <input style="width: 100%;" type="text"/>	

SECTION D BUSINESS CLASSIFICATION [SELECT ONE]

By submitting this form vendor certifies that their business size classification is correctly shown as defined by FAR part 19 and the Small Business Administration <http://www.sba.gov/> **All Business Classifications with " * " must be SBA Certified.**

- AA - Small Disadvantaged Business
- AC - Small Disadvantaged Woman-Owned
- AE - Small Business
- AG - Large Business
- AI - Educational Institution
- AK - State/Local/Government/Utility
- AM - Federal Government Agency
- AO - Small Woman-Owned Native American
- AQ - Other Government Contractor
- AU - *Small Disadvantaged Woman Owned 8(a) HUBZone
- AW - *Small Woman-Owned HUBZone
- AY - *Small Woman-Owned Native American HUBZone
- BA - *Small Disadvantaged Business HUBZone
- BC - Small Veteran-Owned Business
- BE - Small Woman-Owned Veteran
- BG - *Small Woman-Owned Veteran HUBZone
- BI - *Small Disabled Veteran-Owned 8(a)
- BK - *Small Disabled Veteran-Owned HUBZone 8(a)
- BM - *Small Disadvantaged Disabled Veteran-Owned HUBZone
- BO - *Small Woman-Owned Disabled Veteran HUBZone
- BQ - Small Disadvantaged Woman-Owned Disabled Veteran HUBZone
- BS - *Small Disadvantaged Woman-Owned Disabled Veteran 8(a)
- BU - *Small Veteran-Owned 8(a)
- BW - *Small Disadvantaged Veteran 8(a)
- BY - *Small Disadvantaged Woman-Owned Veteran 8(a)
- CA - *Small Disadvantaged Native American Woman Owned
- CC - *Small Disadvantaged Native American 8(a)
- AB - *Small Disadvantaged Business 8(a)
- AD - *Small Disadvantaged Woman-Owned 8(a)
- AF - Small Woman-Owned
- AH - Small Business Native American Control
- AJ - Non-Profit Institution
- AL - Business Located Outside U.S.
- AN - U.S. Location/Foreign Owner/Control
- AP - Native American-Owned
- AT - *Small Disadvantaged Woman-Owned HUBZone
- AV - *Small Business HUBZone
- AX - *Small Business Native American Control HUBZone
- AZ - *Small Disadvantaged Business 8(a) HUBZone
- BB - *Veteran-Owned HUBZone
- BD - Small Disadvantaged Veteran-Owned
- BF - *Small Woman-Owned Disadvantaged Veteran
- BH - Small Disabled Veteran-Owned
- BJ - *Small Disabled Veteran-Owned HUBZone
- BL - Small Disadvantaged Disabled Veteran-Owned
- BN - Small Woman-Owned Disabled Veteran
- BP - *Small Woman-Owned Disabled Veteran 8(a)
- BR - *Small Disadvantaged Woman-Owned Disabled Veteran HUBZone
- BT - *Small Disadvantaged Veteran-Owned HUBZone
- BV - *Small Disadvantaged Veteran HUBZone 8(a)
- BX - Small Business, Native American Veteran
- CB - *Small Disadvantaged Native American Woman Owned 8(a)

SECTION E BUSINESS INFORMATION

Business Type *

A - Carrier C - Consultant D - Distributor M - Manufacturer S - Service Provider

NAICS Codes *

(<http://www.census.gov/epcd/www/naics.html>)

Fed Employee ID Number (EIN) *

(Fed Tax ID)

DUN & Bradstreet Number

State Business ID/UBI Number

Keywords

SECTION F TAX STATUS

, Individual/Sole Proprietor: A sole proprietorship may have a trade name (doing business as), but the legal name is the name of the business owner.

Business or Trade Name:

Business Owner's Name: (if different)

Business Employer Identification Number:

, Partnership: A Partnership may have a trade name (doing business as), but the legal name is the list of the names of the partners.

Name of Partnership:

Partnership's Employer Identification Number:

Partnership's Legal Name (Name of First Partner):

, Limited Liability Company (LLC)
Name of LLC:
Employer Identification Number:

, Corporation, exempt charity, or other entity: A corporation may use an abbreviated name, but the legal name is the name on the articles of incorporation.

Name of Corporation or Entity:
Employer Identification Number:
Are you exempt from Form 1099 reporting?

If you are exempt from Form 1099 reporting, please choose one:

- Corporation
- Tax Exempt Charity under 501(a), or IRA
- The United States or any of its agencies or instrumentalities
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- A foreign government or any of its political subdivisions

SECTION G CERTIFICATION:

Vendor certifies under penalty of perjury that

- the registration information provided herein is current, complete and correct

- the Tax Identification Number provided is correct, that payee is not subject to backup withholding due to failure to report interest and dividend income and that I am a U.S.

person or business (including a U.S. resident alien). Note: the Internal Revenue Service does not require consent to any provisions of this document other than the certifications required to avoid backup withholding

These certification statements concern matters within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may render Vendor subject to prosecution under Section 1001, Title 18, United States Code (Criminal Code).

Submitted By *

Phone *

Comments: (**Note:** If you are submitting this form to change or update previously submitted information, please note the changes and reason below.)