

SUPPLIER INFORMATION

Vendor Code:

EMAIL:		FAX FORM To:		ATTN:	
CHECK ONE: <input type="checkbox"/> Add new supplier		<input type="checkbox"/> Change supplier information		DATE:	
Pantex only, Check one if applicable: <input type="checkbox"/> Credit Card Supplier		<input type="checkbox"/> Marketplace Catalog Supplier			
SUPPLIER NAME:			CONGRESSIONAL DISTRICT NO.:		
BUS. STREET ADDRESS:			COUNTRY CODE:		
CITY:	STATE:	ZIP:	+4:	County:	
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): <input type="checkbox"/> PRESIDENT <input type="checkbox"/> CEO <input type="checkbox"/> DIRECTOR <input type="checkbox"/> PARTNER <input type="checkbox"/> SOLE PROPRIETOR					
STREET ADDRESS (If different from above):					
PHONE NO.:		FAX NO.:		EMAIL:	
Unique Entity ID (UEI) NO.:					
TAX ID NO.:			DUN & BRADSTREET NO.:		
STATE OF INCORPORATION, IF INCORPORATED:				CREDIT CARD ACCEPTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS CATEGORY: <input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Non-Profit		<input type="checkbox"/> University		<input type="checkbox"/> Other	
				<input type="checkbox"/> Government (State or Local) Corporation	
				<input type="checkbox"/> Government (Federal)	
PARENT COMPANY: (name and address)			PARENT COMPANY DUN AND BRADSTREET NO.:		

BUSINESS SIZE STANDARD:	
<i>[In accordance with Federal Acquisition Regulation (FAR) Part 19.102]</i>	
See definitions on the following page...	
Primary NAIC: _____	Annual Revenue: _____
No. of Employees: _____	
<input type="checkbox"/> Large Business or <input type="checkbox"/> Small Business	
Socio-economic categories:	
<input type="checkbox"/> 8(a), SBA Certification	Date: _____
<input type="checkbox"/> Small Disadvantaged Business	
<input type="checkbox"/> Veteran-Owned Business	
<input type="checkbox"/> Service-Disabled Veteran-Owned Business	
<input type="checkbox"/> HUBZone, SBA Certification	Date: _____
<input type="checkbox"/> Woman-Owned Small Business	
<input type="checkbox"/> Economically-Disadvantaged Women-Owned Business	
<input type="checkbox"/> Historical Black College or University	
If Small Disadvantaged Business is selected, indicate which specific socio-economic categories apply. See next page for definitions.	
<input type="checkbox"/> Alaskan-Native Owned Corporation	<input type="checkbox"/> American Indian Owned Business
<input type="checkbox"/> Asian-Pacific American Owned Business	<input type="checkbox"/> Black American Owned Business
<input type="checkbox"/> Hispanic American Owned Organization	<input type="checkbox"/> Native American Owned Business
<input type="checkbox"/> Native Hawaiian Owned Business	<input type="checkbox"/> Subcontinent Asian (Asian-Indian) American Owned Business

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

SIGNATURE: _____ **DATE:** _____

FIELD DEFINITIONS

FIELD	DEFINITIONS
Zip + 4	The zip +4 code of your business address. See https://tools.usps.com/go/ZipLookupAction .
DUNS Number	The unique nine-character identification number provided by Dun and Bradstreet (D&B) that is assigned to your entity.
Annual Revenue (\$)	The average receipts over the last three complete fiscal years, including receipts of the parent organization, all branches, and all affiliates worldwide.
Number of Employees	The average number of employees, including all affiliates. This is the average number of persons employed for each pay period over the firm's latest 12 months, including persons employed by the parent organization, all branches, and all affiliates worldwide.
Parent Entity	The legal business name of your global parent entity, if applicable.
Parent Entity DUNS Number	Your parent organization's DUNS number.
8A Firm	Certification that your entity represents itself as an 8(a) business concern or an 8(a) joint venture firm.
Veteran-Owned Business	Certification that your entity represents itself as a Veteran Owned business concern.
Service-Disabled Veteran-Owned Business	Certification that your entity represents itself as a Service Disabled Veteran Owned Business.
Historically Underutilized Business Zone (HUBZone) Business	Certification that your entity represents itself as a Historically Underutilized Business Zone (HUBZone) concern. If the SBA determines that a concern is a HUBZone small business concern, it will issue a certification to that effect and will add the concern to the List of Qualified HUBZone Small Business Concerns at http://dsbs.sba.gov/dsbs/search/dsp_searchhubzone.cfm .
Women-Owned Small Business	Certification that your entity represents itself as a Woman Owned Small Business or Joint Venture Woman Owned Small Business, has registered in SAM.gov, and has submitted documents verifying its eligibility at the time of initial offer to the WOSB Program Repository.
Economically-Disadvantaged Women-Owned Small Business	Certification that your entity represents itself as an Economically Disadvantaged Woman Owned Small Business or a Joint Venture Economically Disadvantaged Woman Owned Small Business.
Small Disadvantaged Business	Your certification that you are a small disadvantaged business concern. If you select this, please also select the appropriate socio-economic category.
Alaskan-Native Corporation	Certification that your entity represents itself as an Alaskan Native Owned (ANC) Corporation.
American Indian Owned	Certification that your entity represents itself as an American Indian Owned Business concern.
Asian-Pacific American Owned	Certification that your entity represents itself as an Asian-Pacific American Owned concern.
Black American Owned	Certification that your entity represents itself as a Black American Owned concern.
Hispanic American Owned	Certification that your entity represents itself as a Hispanic American Owned concern.
Native American Owned	Certification that your entity represents itself as a Native American Owned Business concern.
Native Hawaiian Organization	Certification that your entity represents itself as a Native Hawaiian Owned (NHO) concern.
Subcontinent Asian-American Owned	Certification that your entity represents itself as a Subcontinent Asian (Asian- Indian) American Owned Business.
Unique Entity ID Number (UEI)	The unique 12 digit number will replace DUNS and is a non-proprietary identifier requested in, and assigned by the System for Award Management (SAM.gov)