



VENDOR PROFILE

Business Name	Telephone Number	Fax Number
Street Address	Mailing Address (if different from street address)	
City, State, Zip	City, State, Zip	
REMIT ADDRESS(if different from above)	HEADQUARTERS Address (if different from above)	
City, State, Zip	City, State, Zip	
Company Website	Company E-mail Address	
<u>Dun & Bradstreet Number</u>	<u>NAICS or SIC Code(s) if unknown provide description of products and/or services.</u>	

BUSINESS CLASSIFICATION (Check One)

- | | | |
|---|---|--|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Business | <input type="checkbox"/> Historically Black College/Univ. or Min. Institut. |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Government Entity | |

CERTIFICATIONS(SDB and WOSB Self-Certify)

- | | | |
|---|---|--|
| <input type="checkbox"/> 8(a) (Socially & Economically Disadvantaged Business) | <input type="checkbox"/> SDB (Small Disadvantaged Business) | <input type="checkbox"/> WOSB (Women-Owned Small Business) |
| <input type="checkbox"/> HUBZONE (Historically Underutilized Business Zone) | <input type="checkbox"/> VOSB (Veteran Owned Small Business) | <input type="checkbox"/> SDVOSB (Service Disabled Veteran Owned Small Business) |

Check all that apply and provide a copy of any of applicable certifications your organization holds (i.e., NMSDC, WBENC, NAWBO).

- | | | |
|---|--|---|
| <input type="checkbox"/> Woman-Owned (must be 51% owned, controlled, and operated by a woman) | <input type="checkbox"/> Service Disabled Vets. | <input type="checkbox"/> Vietnam Era Vets. (1964-1975) |
| <input type="checkbox"/> Minority-Owned Must be at least 51% owned, controlled, and operated by a minority person. | | |
| <input type="checkbox"/> Veteran-owned | | |
| <input type="checkbox"/> HubZone (must be certified through Small Business Administration) | | |

PAYMENT INFORMATION

Payment Terms: _____

- Yes No

Have you ever been or are you currently debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Gov. or any agency thereof.

If yes, debarment date: _____

If applicable, Reinstatement date: _____

Signature of General Partner/Company Officer/ Owner	Printed Name of (Authorized Director/Officer/Owner)
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By signing this form, you represent all information is accurate and true to the best of your knowledge. You also represent that the checked Certifications above are valid for the scope of work you intend to provide. The authorized signer also represents that the company is not under investigation, or has been put on notice of possible inquiry or investigation by any federal, state, local, or other agency pertaining to its certification or otherwise.

Title:	Date
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