

VENDOR INFORMATION

1. REQUESTOR:	2. SERVICE:	3. EXTENSION:
4. VENDOR NAME: Doing Business As/Legal Name:	5. VENDOR ADDRESS Physical Location: Mailing Address: City: State/Zip:	
6. VENDOR TAX IDENTIFICATION NO. or SOCIAL SECURITY NUMBER: (Mandatory field must enter one or the other) TIN: SSN:	7. VENDOR PHONE & FAX NUMBER: Phone: Fax: Email: :	
8. PAYMENT STREET ADDRESS: Address: City: State/Zip:		
9. POINT OF CONTACT:		
10. ACCOUNT NUMBER:		
11. Does Vendor have an existing contract? <input type="checkbox"/> YES <input type="checkbox"/> NO If answer is YES, please enter Contract Number: _____ (i.e. GS-, V797 or any other contract with payment terms N/30 and expiration date) Beginning Date: _____ Expiration Date: _____ FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin Prompt Payment Discount: _____ (i.e. 2%/10; 1%/20 or N/30)		
12. 1099 Vendor Indicator: <input type="checkbox"/> YES (Always <u>YES</u> except if FEDERAL Government) <input type="checkbox"/> NO		
13. Business Type (FPDS) (Must check one): <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Outside VA <input type="checkbox"/> Other Entities		
14. Socioeconomic Group: (Please check <u>all</u> that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Sm Disadvantage Bus</div> <div style="width: 33%;"><input type="checkbox"/> Javits-Wagner-O'Day</div> <div style="width: 33%;"><input type="checkbox"/> Hubzone Small Business</div> <div style="width: 33%;"><input type="checkbox"/> Veteran-Owned Small Bus</div> <div style="width: 33%;"><input type="checkbox"/> Woman-Owned Small Business</div> <div style="width: 33%;"><input type="checkbox"/> Historically Black College & Univ./Min Institute</div> <div style="width: 33%;"><input type="checkbox"/> Veteran-Owned Large Bus</div> <div style="width: 33%;"><input type="checkbox"/> Woman-Owned Large Business</div> <div style="width: 33%;"><input type="checkbox"/> None of the other business</div> <div style="width: 33%;"><input type="checkbox"/> Veteran-Service Disabled</div> </div>		
15. Purchase Card Accepted <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. DUN and BRADSTREET NUMBER: _____ (Mandatory-if vendor does not have one they need to go to http://www.dnb.com to register.		
17. Is Vendor registered with Central Contractor Registration (CCR)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory-if vendor is not registered they can accomplish the task at: http://www.ccr.gov to register.		
18. Before we may enter any new vendor information within the VA database the <u>mandatory registration sites shall be checked</u> along with the status of the vendor's ability to do business within the Federal Government. Failure to check the mandatory field(s) could result in administrative action. The following two sites are your final check . http://epls.arnet.gov/ & http://exclusions.oig.hhs.gov/		