

Supplier Information



Select One: New Supplier Update Supplier Date: *Enter Date*

Supplier Information

Legal Business Name (Legal or Parent Company Name) : _____ U.S. Foreign

Doing Business As (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Country: _____ County: _____ Congressional District: _____

Point of Contact Information

Name: _____ Title: _____

Phone #: _____ Fax #: _____ Mobile #: _____

Email Address: _____ Website: _____

Invoicing Information

Business Name: _____ City: _____

Mailing Address: _____ State: _____ Zip: _____

Additional Information

[Requested] Payment Terms: _____ Credit Card Accepted: Yes No

Business Structure (check all that apply) :

- | | | | |
|--|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> LLC Corp. | <input type="checkbox"/> Government |
| <input type="checkbox"/> HBCU/Minority Institution | <input type="checkbox"/> ORAU Member Univ. | | |
| <input type="checkbox"/> Other (please state): _____ | | State of Incorporation: _____ | |

Business Classification (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Small Business (select type of SB below, if applicable) | <input type="checkbox"/> Large Business (continue to next section) |
| <input type="checkbox"/> Disadvantaged | Minority Type: <i>Select One</i> |
| <input type="checkbox"/> Women-Owned | <input type="checkbox"/> SBA Certified HUBZone |
| <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> Service Disable Veteran-Owned |
| <input type="checkbox"/> SBA Certified 8(a) Participant | SBA 8(a) Certification Expiration Date: <i>Click here to enter a date.</i> |

Mentor-Protégé Participation

DOE Protégé Participant: Yes No Mentor-Protégé Agreement End Date: *Click here to enter a date.*

Business Officers (include titles):

President / CEO: _____ Owner/Partner: _____
 Vice President: _____ Finance POC: _____

PENALTY FOR FALSE MISREPRESENTATION:

Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall

(i) *Be punished by imposition of fine, imprisonment, or both;*
 (ii) *Be subject to administrative remedies, including suspension and debarment; and*
 (iii) *Be ineligible for participation in programs conducted under the authority of the Act.*

Signature: _____ Date: *Click here to enter a date.*