

New Vendor Form

Requested by	Phone Number	Date	Customer Account Number	Type of Vendor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	U.S. Vendor <input type="checkbox"/> Foreign Vendor <input type="checkbox"/>

Remit to Address:

Name	<input type="text"/>	Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>	Country	<input type="text" value="United States of America"/>

Order From Address:

Name	<input type="text"/>	Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>	Country	<input type="text" value="United States of America"/>

Vendor Identification:

DUNS No. (9 digits)	<input type="text"/>	Cage Code No.	<input type="text"/>
TAX ID Number (TIN)	<input type="text"/>	- Or SSN	<input type="text"/>
			W-9 Required <input type="checkbox"/>

Business Type:

<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
No. of Employees	<input type="text"/>	State of Incorporation	<input type="text"/>		

Classification:

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Woman Owned Business	<input type="checkbox"/> Small Disadv. Business	<input type="checkbox"/> Minority Owned Business
<input type="checkbox"/> 8(A) Certified	<input type="checkbox"/> HubZone	<input type="checkbox"/> Veteran Owned Business	<input type="checkbox"/> Svc Dis Vet Owned Bus	<input type="checkbox"/> His Blk Coll & Univ
<input type="checkbox"/> AK Nat Am Owned Business	<input type="checkbox"/> Nat Am Owned Business	<input type="checkbox"/> Non Profit		

NAICS CODES: As applicable from SAM

<input type="text"/>

Order Contact Information:

POC	<input type="text"/>	POC:	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Website:	<input type="text"/>	Website	<input type="text"/>
Phone	<input type="text"/>	Phone:	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Custom Fields:

Customer Number	<input type="text"/>	Account Number	<input type="text"/>	Parent Company	<input type="text"/>
Vendor Number	<input type="text"/>	Assigned by	<input type="text"/>		