



*Leaders at the Core of Better Communities*

**Vendor Information**

Vendor Name:  TIN/SSN:

Address:

State:  Zip Code:

Phone:  Fax:

Contact:  Email:

**Invoice Remittance Address**

same as above

Address:

State:  Zip Code:

Phone:  Fax:

Contact:  Email:

Corporation

Partnership

Medical Corporation

Non-Resident

Sole Proprietorship/Independent Contractor

Government Entity

Tax Exempt Organization under IRS (501) Rules

1099

American Indian Owned

Veteran Owned Business

HUB Zone Firm\*

Service Disabled Veteran Owned

Small Business

Disabled

Large Business (500+)

Nonprofit Organization

Disadvantaged Business\*\*

Sheltered

Woman Owned Business

Foreign Supplier

Limited Liability Company

Historically Black College/University

\* FAR Clause 52.219-1(d) (2) Under 15 U.S.C 645(d), any person who misrepresents a firm's status as a small, HUBZone 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 sections 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. \*\*Hub Zone and Small Disadvantaged Business must provide a copy of their certificate with this form.