|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)* **:** |
| [ ]  **Individual** | [ ]  **Sole Proprietorship** | [ ]  **Corporation** | [ ]  **Non-Profit** |
| [ ]  **Partnership** | [ ]  **Educational Institution** | [ ]  **LLC Corp.** | [ ]  **Government** |
| [ ]  **HBCU/Minority Institution** | [ ]  **ORAU Member Univ.** |  |  |
| [ ]  **Other** (*please state)***:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | **State of Incorporation:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Business Classification *(****Select all that apply)* |
| [ ]  **Small Business** (*select type of SB below, if applicable)* | [ ]  **Large Business** *(continue to next section)* |
| [ ]  **Disadvantaged** | **Minority Type:** | *Select One* |
| [ ]  **Women-Owned** | [ ]  **SBA Certified HUBZone** |  |
| [ ]  **Veteran-Owned** | [ ]  **Service Disable Veteran-Owned** |  |
| [ ]  **SBA Certified 8(a) Participant** | **SBA 8(a) Certification Expiration Date:** | *Click here to enter a date*. |
| ***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.