

VENDOR PROFILE FORM

New Vendor Vendor Change

VENDOR INFORMATION

Vendor Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip + 4: _____

CONTACT INFORMATION

CONTRACTS/BUSINESS POC:

REMITTANCE/FINANCIAL POC:

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

GENERAL INFORMATION

TAX ID: _____

W-9 included as an attachment w/form:

Annual Revenue \$: _____

As of (Year): _____

CAGE: _____ # Years in Business: _____

System for Award Management (SAM) Unique Entity ID: _____

Organization Type:

Sole Proprietorship

Partnership

Corporation Incorporated under the laws of the State of: _____

Limited Liability Company (LLC)

Government Entity (Federal, State, or local)

Foreign Government

Other (Specify) (e.g., Nonprofit): _____

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SOCIOECONOMIC INFORMATION

Company Size (Check all that apply)

- Small Large
- Woman Owned
- Veteran Owned
- Veteran Owned – Service Disabled
- Small Disadvantaged Business
- Listed on the SBA list of Qualified HUB Zone Small Business Concerns
- HBCU/MI – Historically Black Colleges and Universities/Minority Institutions

OTHER INFORMATION

1. Does your company have a DCAA approved accounting system: Yes No
2. Does your company have a DCAA approved estimating system? Yes No
3. Does your company have a DCAA approved purchasing system? Yes No
4. Does your company have a DCAA approved government property system? Yes No

BANKING INFORMATION

_____ sells goods/and or services to Stephenson Stellar Corporation (SSC) to process all payments for such goods and services via EFT ACH.

1. Vendor hereby certifies it has provided the following depository bank information:

Bank Name: _____

Name on Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Remittance Address: _____

Remittance Email Address: _____

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2. All payments will be made only to the above account via ACH.
3. Vendor shall provide 30 days advanced notice of any changes to the above, by providing SSC with an updated Vendor Profile Form.
4. Vendor is responsible for all fees/penalties incurred by SSC due to vendor providing incorrect banking information.

Vendor certification: I hereby certify that the information contained above is true and accurate as of the date of this form. If the above information changes, Vendor shall notify SSC by providing an updated form to: bhonkus@stephensonstellar.org.

Vendor Primary Contact:

Official Vendor Representative Signature: _____

Date: _____

Print Name: _____

Title: _____

Phone Number: _____

Email Address: _____