



**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:** \_\_\_\_\_

**DUNS:** \_\_\_\_\_

**CAGE:** \_\_\_\_\_

**# Years in Business:** \_\_\_\_\_

**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 \_\_\_\_\_ (e.g., Nonprofit)



# VENDOR PROFILE FORM

## SOCIOECONOMIC INFORMATION:

### Company Size

Small  Other

If Small, please check all that apply:

- Registered with System for Award Management (SAM.gov)
- Women Owned
- Veteran Owned - Service Disabled
- Veteran Owned
- 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 good and/or services to Stephenson Stellar Corporation (SSC) and hereby authorizes SSC to process all payments for such goods and services via ETF 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:	



## VENDOR PROFILE FORM

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.
5. Please provide a voided check with this form.

**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](mailto:bhonkus@stephensonstellar.org).**

Vendor Primary Contact:

Official Vendor Representative Signature:	
Date:	
Print Name:	
Title:	
Phone#:	
Email Address:	