

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:

Name: _____

Phone: _____

Email: _____

REMITTANCE/FINANCIAL POC:

Name: _____

Phone: _____

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)

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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 Technologies Corporation (STC) and hereby authorizes STC 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:	

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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 STC with an updated Vendor Profile Form.
4. Vendor is responsible for all fees/penalties incurred by STC 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 STC by providing an updated form to bshattuck@stephensontechnologies.org

Vendor Primary Contact: _____

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