Please complete this information.

Federal Procurement regulations require that we update our vendor file. Therefore, it is essential that You respond to this request immediately.

<u>Warning:</u> Failure to return this form will result in assumptions that may not accurately represent your company.

Payment terms are "Net 30 Days" from date of invoice unless otherwise stated. Terms:					
Freight	t Terms (check one only)				
	A – FOB Destination, freight prepaid				
	B – FOB Destination, freight prepaid and added to invoice				
	C – FOB				

This company is a: S – Small business ____ L – Large business _____

This company is a:	 F – Female owned M – Male business
This company is a:	 SP – Sole Proprietorship (Must provide Tax ID or SSN.) NPR – Non-profit business
	 C – Corporation P – Partnership

oup.

This company is a:	 CON – Contractor, specify type:
	 DIS – Distributor
	 MAN – Manufacturer
	 MAR – Manufacturer's Representative
	 WHO – Wholesaler
	 RET – Retailer
	 SER – Service
	 OTH Other: