

**VENDOR INFORMATION REQUEST – PART A – To be completed by Vendor**

**Vendor Instructions: Vendor must complete Sections A, B, C, and D. All domestic Vendors must provide a copy of their W-9. Foreign Vendors should provide a copy of their W-8.**

**SECTION A: Vendor Details**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Address (Purchase Orders): |  | City:       |
| County: |  | State: |  | Zip Code: |  | Country: |  |
| Contact Name: |       | Phone: |       |  |  |
| Fax (required) |       | Email: (required) |       |  | P.O.’s will be emailed as pdf. attachments  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: (Payment Remit To): |       | City: |        |
| County: |       | State: |       | Zip Code: |       | Country: |       |
| Contact: |       | Phone: |       | Fax: |       |
| Email: (required) |       |
|  |  |

Tax ID#:       [ ]  W-9 Attached [ ]  W-8 Attached

1099 Vendor: [ ] Yes [ ] No If **YES, please select Income Tax Type:**  : [ ] MISC1 (Rent) [ ] MISC6(Medical and healthcare payments)

[ ] MISC7 (Non-emp. comp.), [ ] MISC14 (Gross proceeds paid to an attorney)

[ ] Other (Please specify):

**SECTION B: Organization Type (listed on W-9) SECTION C: Classification**

**(select one box) (select one box)**

[ ]  C Corporation [ ]  Trust/estate **[ ]** Large Business [ ]  Women Owned

[ ]  S Corporation [ ] Foreign Gov’t Agency\* [ ]  Small Business [ ]  Women Owned/HUB/Zone

[ ]  Individual/sole proprietor [ ]  Foreign Individual \* [ ]  Small Disadv. Business [ ]  Service -Disabled Veteran

[ ]  Partnership [ ]  Foreign Partnership\* [ ]  HUB Zone Business [ ]  Veteran - Owned Small Business

[ ]  Foreign Corporation\* [ ]  Other:       [ ]  Non-Profit

**In compliance with FAR 52.219-9(e)(5) , please note there are potential penalties for misrepresentation of small business status for the purpose of obtaining a subcontract. (Per 15 U.S.C. 645 (d), punishment includes imposition of a fine, imprisonment, or both, and possible administrative remedies such as suspension and debarment.\*Foreign Vendors should provide a tax ID number on the applicable Form W-8, particularly if providing equipment installation and/or servicing, training, consulting and/or contractual services in the United States.**

**SECTION D: Payment Type\*\*: (Can only choose one)**

**Domestic Vendors (based in the United States)**

[ ]  Company Check (15 day payment terms)

[ ]  ACH (60 day payment terms)

[ ]  ACH (2%/10, Net 60)

**International Vendors (based outside the United States)**

[ ]  International Wire (60 day payment terms)

[ ]  International Wire (2%/10, Net 60)

**ACH Payment information**

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Bank Account Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Account Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ABA/Routing #:** |  |

[ ]  Yes [ ]  No **There is processing requirements for electronic vendor payments that are being sent to a financial**

 **institution outside of the United States.**

**International Wire Payment Information**

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Bank Account Name:** |  |
| **BIC Code:** |  | **Account Number:** |  |
| **IBAN #:** |  |

**\*\*All payments will be made in USD.**

**SECTION E: Vendor Code of Conduct:**

* **CONFLICT MINERALS**
1. Does your company manufacture and/or sell any goods which may contain Tantalum, Tin, Tungsten or Gold (3TG)? [ ]  Yes [ ]  No
2. If your answer to question 1 is “Yes”, please provide your most current CFSI (Conflict Free Sourcing Initiative) conflict minerals reporting template (CMRT) with this completed form.
3. If you require more information related to conflict minerals please go to: <http://www.conflictfreesourcing.org/conflict-minerals-reporting-template/> and

<http://www.sourceintelligence.com/what-are-conflict-minerals/>

1. If you have any questions with Conflict Minerals, you can send an email to conflictminerals@3dfs.com.
* **I have read and agree to abide by the 3DFS Vendor Code of Conduct.**
	+ **3DFS Vendor Code of Conduct** [https://3dfs.com/about/Vendor-info](https://3dfs.com/about/supplier-info)

Name:       Date:

Signature: