



SUPPLIER INFORMATION FORM

New Supplier or Revision

Interested suppliers may complete and submit a Supplier Information Form to be included into Argonne's vendor database. **Suppliers are advised that there is no guarantee that any solicitations or awards will be sent to Supplier by submitting a supplier information form;** however in the event a solicitation is sent to the Supplier from an Argonne Procurement Official, then a more formal quotation/offer may be required.

Supplier Name _____	
Address 1 _____	Company Website: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Address 2 _____	
City _____	
State/Prov _____ Zip/Postal Code _____ Country _____	

Type of Organization <i>Check all that are applicable.</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Foreign Supplier <input type="checkbox"/> HBCU/Minority Institution <input type="checkbox"/> Domestic Firm performing outside US <input type="checkbox"/> Education	Socioeconomic Status: (Please select one). <input type="checkbox"/> Large Business or <input type="checkbox"/> Small Business and/or <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Owned
Active in Central Contractor Registration (CCR) <input type="radio"/> Yes <input type="radio"/> No	Online Representations & Certifications Application (ORCA) <input type="checkbox"/> Yes <input type="checkbox"/> No

Select all that apply: Please note that SDB, 8A and HubZone certifications come from the Small Business Administration.			
<input type="checkbox"/> Small Disadvantaged	<input type="checkbox"/> Certified SBA 8(A)	<input type="checkbox"/> American Indian-Owned	<input type="checkbox"/> Veteran-Owned and
<input type="checkbox"/> Small Women-Owned	<input type="checkbox"/> Certified HUB Zone Supplier	<input type="checkbox"/> Alaskan Native Corp.	<input type="checkbox"/> Service Disabled Veteran-Owned
<input type="checkbox"/> Certified Small Disadvantaged	<input type="checkbox"/> HUB Zone (Non-Manufacturer)	Other _____	

Type of Business: Service Provider Manufacturer Regular Dealer Surplus Dealer Construction Firm

EDI Capable?	IMPORTANT!	"A D&B® D-U-N-S® Number is a unique nine-digit sequence recognized as the universal stand for identifying and keeping track of over 100 million businesses world". In order for your company to be loaded into Argonne's vendor database, it will be necessary for you to supply your DUNS number. For more information on DUNS, please go to D&B's website.
<input type="checkbox"/> Yes <input type="checkbox"/> No	DUNS #: _____	

Taxpayer ID #: (TIN): _____ Business Started: _____ Revenues (avg. 3 yrs): _____ Avg. No. Employees: _____	North American Industry Classification Code(s) (NAIC) (list as applicable): Description of Goods/Services offered: GSA Contract? If yes, Contract #(s): _____ Expiration Date: _____
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Company POC (Name): _____	Title: _____
Email: _____	Cell No.: _____

Phone No.: _____ Fax No.: _____ Date: _____	<div style="border: 1px solid black; padding: 5px; background-color: yellow;"> Small Business Program Office ARGONNE NATIONAL LABORATORY 9700 South Cass Avenue Lemont, Illinois 60439-4873 www.anl.gov Email: SBLO@anl.gov </div> <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: left;"> Or Fax to Attention: KARL D. DUKE Small Business Liaison Officer FAX NO. 630-252-4517 </div>
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