



VENDOR PROFILE INFORMATION

The purpose of this form is to provide mandatory award and payment information for NOAA. This information is required as set forth in FAR 52.232-33, Mandatory Information for Electronic Funds Transfer Payment, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments.

Please check one: **NEW** **CHANGE** (please complete Legal Name, TIN information and EFT only, along with your changes)

NAME: Legal Name _____

Parent Company Name (if applicable) _____

Division/subunit _____

Acronym or shortened name _____ (8 characters/digits or less)

What type of Vendor are you? (select one):

- | | |
|--------------------------------------|---|
| Small Disadvantaged Business | Individual |
| Other Small Business | State/Local Government - Hospital |
| Large Business | Other State/Local Government |
| JWOD Non-Profit Agency | Foreign Contractor |
| Non-Profit Educational Organization | Domestic Contractor Performing Outside US |
| Non-Profit Hospital | Tribal Government |
| Federal Government | HBC/U or Mi |
| Other Non-Profit Organization | Private University |
| State/Local Government - Educational | |

DOC/NOAA customer account number _____ (if any)

Foreign Corporation Yes No

Minority Owned and Operated Business: Yes No

Women Owned and Operated Business: Yes No

Taxpayer Identification Number (TIN)*

SSN (individual/sole proprietorship) _____

EIN (Corporation/partnership/sole proprietorship with one or more employees)

of parent company _____

of Division/subunit _____

DUNS # (commercial vendors only) _____

* The Taxpayer Identification Number (TIN) is required by law. If you fail to provide us with this information, your payments may be subject to income tax withholding.

Type of Entity/Account applicable to the TIN. (See Form W-9 Request for Taxpayer Identification Number & Certification, Specific Instructions Section). Select One:

- | | | |
|---|---|--|
| Broker or Registered Nominee | Corporation | Individual |
| Partnership | Sole Proprietorship | Federal Government |
| Revocable Savings Trust | Custodian Account of a minor | Valid Trust, Estate, Pension |
| Association, Club, Religious,
Charitable, Educational, or other
tax exempt organization | Account with the Dept of Agriculture
in the name of a public entity (such
as State/Local Government, School
District, or Prison) | Trust
Joint Account (Two/more
Individuals) |

Do you require payment in foreign currency? Yes No Type of currency: _____

Please indicate the type of products you provide to NOAA.:

Services Only Goods Only Goods/Services

ADDRESS: Individual/Business/Organization's sales address and point of contact

Name _____

Address line 1 _____

Address line 2 _____

City _____

State _____ ZIP _____ Country _____

Phone _____ Fax _____

Internet E-mail address _____

If payment remit address is different than the sales address, please provide it below

Name _____

Address line 1 _____

Address line 2 _____

City _____

State _____ ZIP _____ Country _____

Phone _____ Fax _____

Internet E-mail address _____

ELECTRONIC FUNDS TRANSFER (EFT):

The Debt Collection Improvement Act of 1996 mandates the use of EFT for all Federal payments to recipients who become eligible to receive such payments 90 days after enactment, which was July 26, 1996. Federal agencies may grant waivers for this mandate to recipients who certify in writing and send to the Finance office stating that they do not have an account with a financial institution. Please select one of the following payment methods:

1. EFT (Automated Clearing House Payments (ACH))
2. Check (**MUST SUBMIT REQUEST FOR WAIVER IN WRITING ALONG WITH THIS FORM**)
3. OPAC (Federal Agencies only)

If line 1 was checked above, please provide the following financial information for EFT payments.
(The ACH Coordinator at your financial institution can supply you with this information)

Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

ACH Coordinator Name _____ Phone _____

Nine Digit Routing/Transit Number (ABA#) _____

Account Title _____

Type of Account: (select one)

Checking Account Number _____

Savings Account Number _____

Lockbox Account Number _____

I certify that the information which I have provided on this form is correct.

Name (type or print) _____ Title _____ Phone number _____

Signature _____ Date _____