



# 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 _____		
Address 2 _____		<b>Company Website:</b>
City _____		
State/Prov _____	Zip/Postal Code _____	Country _____

<b>Type of Organization</b> <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	<b>Socioeconomic Status: (Please select one).</b> <input type="checkbox"/> Large Business <b>or</b> <input type="checkbox"/> Small Business  <b>and/or</b> <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Owned
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**Active in Central Contractor Registration (CCR):**     Yes     No    **If yes, valid thru**

**Online Representations & Certifications Application (ORCA):**     Yes     No    **If yes, valid thru**

**Select all that apply: Please note that 8(A) and HUBZone certifications come from the Small Business Administration.**

<input type="checkbox"/> Small Disadvantaged	<input type="checkbox"/> Certified HUB Zone Supplier	<input type="checkbox"/> Veteran-Owned	<i>and</i>	<input type="checkbox"/> Service Disabled Veteran-Owned
<input type="checkbox"/> Small Women-Owned	<input type="checkbox"/> HUB Zone (Non-Manufacturer)	<input type="checkbox"/> Alaskan Native Corp.		
<input type="checkbox"/> Certified SBA 8(A)	<input type="checkbox"/> American Indian-Owned	Other <input style="width: 150px;" type="text"/>		

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

<b>EDI Capable?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>IMPORTANT!</b> <b>DUNS #:</b> <input style="width: 100px;" type="text"/>	"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.
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**Do you have an online catalog?**     Yes     No    **If Yes, website:**

<b>Taxpayer ID #: (TIN):</b> <input style="width: 150px;" type="text"/>	<b>Description of Goods/Services offered:</b>  _____ _____ _____
<b>Business Started:</b> <input style="width: 150px;" type="text"/>	
<b>Revenues (avg. 3 yrs):</b> <input style="width: 150px;" type="text"/>	
<b>Avg. No. Employees:</b> <input style="width: 150px;" type="text"/>	<b>GSA Contract? If yes, Contract #(s):</b> _____  <b>Expiration Date:</b> _____

**Company POC (Name):**     **Title:**

**Email:**     **Date:**

<b>Phone #:</b> <input style="width: 150px;" type="text"/>	<b>Submit your completed SIF by:</b>  <b>Email: SBLO@anl.gov OR,</b> <b>Fax: Attention SBLO @ 630-252-4517</b>	<b>Argonne National Laboratory</b> <b>9700 S. Cass Ave., Bldg. 201</b> <b>Argonne, IL 60439-4873</b>
<b>Fax #:</b> <input style="width: 150px;" type="text"/>		<b>For Argonne use below.</b>
<b>Cell #:</b> <input style="width: 150px;" type="text"/>		