



# SUPPLIER INFORMATION FORM

SB - SIF (07/09) Rev. 6

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.

## Section A

Legal Business Name _____	DBA (If applicable) _____
Address 1 _____	<b>Company Website:</b> _____
Address 2 _____	
City _____ State/Prov _____	<b>DUNS #:</b> _____
Zip/Postal Code _____ Country _____	

**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.

<b>Are you active in Central Contractor Registration (CCR)? (If YES, then skip to Section "C" below and submit form. If NO, then please complete all sections below).</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>If yes, valid thru</b> _____
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<b>Section B</b>	<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 or <input type="checkbox"/> Small Business <b>and/or</b> <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Owned
<b>EDI Capable?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Please note that 8(A) and HUBZone certifications come from the Small Business Administration.</b>	
<b>Select all that apply:</b>	<input type="checkbox"/> Certified SBA 8(A) <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Small Women-Owned <input type="checkbox"/> American Indian-Owned <input type="checkbox"/> Alaskan Native Corp. <input type="checkbox"/> Certified HUB Zone Supplier <input type="checkbox"/> HUB Zone (Non-Manufacturer) <input type="checkbox"/> Veteran-Owned <i>and</i> <input type="checkbox"/> Service Disabled Veteran-Owned    Other _____	
<b>Type of Business:</b>	<input type="checkbox"/> Service Provider <input type="checkbox"/> Manufacturer <input type="checkbox"/> Regular Dealer <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Construction Firm <input type="checkbox"/> DOE Integrated Contractor	

**Do you have an online catalog?**  Yes     No    **If Yes, website:** \_\_\_\_\_

Taxpayer ID #: (TIN): _____	<b>Description of Goods/Services offered:</b> _____	
Date Business Started: _____		
Revenues (avg. 3 yrs): _____	<b>GSA Contract? If yes, Contract #(s):</b> _____	<b>Expiration Date:</b> _____
Avg. No. Employees: _____		

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

## Section C

**Company POC (Name):** \_\_\_\_\_

Title: _____	<b>MAIL TO:</b> Argonne National Laboratory 9700 S. Cass Ave., Bldg. 201 Argonne, IL 60439-4873  <b>OR:</b> Email: SBLO@anl.gov Fax: Attention SBLO @ 630-252-4517  <b>For Argonne use below.</b>
Email: _____	
Phone #: _____ Cell #: _____	
Fax #: _____ Date: _____	