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

DOC/NOAA customer account number_____(if any)
(Purchase Order #, Contract or Lease#, SCAC#)

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
☐ Partnership
☐ Revocable Savings Trust
☐ Association, Club, Religious, Charitable, Educational, or other tax exempt organization
☐ Corporation
☐ Sole Proprietorship
☐ Custodian Account of a minor
☐ Account with the Dept of Agriculture in the name of a public entity (such as State/Local Government, School District, or Prison)
☐ Individual
☐ Federal Government
☐ Valid Trust, Estate, Pension 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 to the Finance Office, 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#_____
Signature_____Date_____