

NEW VENDOR REQUEST FORM

* VISTA STATION I MEDICAL CENTER

• VENDOR NAME:

• ORDERING ADDRESS 1:

• ORDERING ADDRESS 2:

• ORDERING CITY:

• ORDERING STATE: (SPELL OUT)

• ORDERING ZIP CODE:

• VENDOR FAX NUMBER:

• TAX IDISSN #: (9 digits)

• SNNITAX ID: (Check One)

☐ S = Social Security No.

☐ T = Tax Identification No.

* PAYMENT ADDRESS 1:

• PAYMENT ADDRESS 2:

• PAYMENT CITY:

• PAYMENT STATE:

• PAYMENT ZIP CODE:

1099 VENDOR INDICATOR:

• VENDOR TYPE: (Check One)

A = Agent Cashier

O = Other Countries

C = Commercial

R = Commercial-Recurring Pmts

E = Employee

U = Utility Companies

F = Federal Government

V = Veterans

G = GSA

K = Canteen

I = Individual Others

• PHONE NUMBER:

CONTACT PERSON:

ACCOUNT NUMBER:

CONTRACT NUMBER:

BEGINNING DATE:

EXPIRATION DATE:

CONTRACT TERMS:

CONTRACTIBOA # CONTRACT FLAG:

• BUSINESS TYPE (FPDS): (Check One)

☐ 1 = Small

☐ 3 = Outside U.S.

☐ 2 = Large

☐ 4 = Other Entities

• SOCIOECONOMIC GROUP:

(Check as Necessary)

☐ N = Small Disadvantaged Business

☐ P = Javits-Wagner-O'day (JWOD)

☐ W = Woman-Owned Small Business

☐ 00 = None of the Other Categories

☐ S = Veteran-Owned Small Business

☐ LW = Woman-Owned Large Business

☐ LV = Veteran Owned Large Business

☐ U = Historically Black Coll & Univ/Min Inst HBCUIMI

☐ RV = Service-Disabled Veteran

☐ HZ = Hubzone Small Business Concern

SPECIAL FACTORS:

GUARANTEED DELIVERY:

SELECT SYNONYM:

IS A SF129 ON FILE:

• DUNN & BRADSTREET #: (9 digits)

ACCEPT CREDIT CARD: (Check One)

☐ YES

☐ NO

CCR EXP. DATE

• SUBMITTED BY:

DATE SUBMITTED:

• ASTERISKS INDICATE REQUIRED INFORMATION AND MUST BE COMPLETED