# \*\*Mandatory (Your vendor request will not be processed without these items.)

 ***Do not place any orders with vendors that are not in the vendor file.***

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| **\*\*1. VENDOR NAME AND ADDRESS:**NAME

|  |  |
| --- | --- |
|  ADDRESS  |  |

**REACTIVATE(Please check if applicable)** | \*\*2. VENDOR POINT OF CONTACT:\_\_\_\_\_(Name)\_\_\_\_(Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fax) |
| \*\*3. FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER\_\_\_\_\_\_\_\_ | \*\*4. BUSINESS SIZESmallLarge Not for Profit |
| 5. FOB (Delivery) TERMS (FOB =FREIGHT ON BOARD)Destination (Delivered to VA, vendor pays for shipping)Origin (VA pays shipping) | \*\*6. SMALL BUISNESS TYPENo PreferenceService Disabled Veteran OwnedVeteran OwnedWoman OwnedDisadvantaged8a/HUBZone |
| **7. PAYMENT REMITTANCE ADDRESS**: Same as above.(check)***(Used when payment address is different from address above)*** | **\*\*\*8. PAYMENT TERMS**: (Check all that apply)Accepts Purchase Card(MUST ASK)Net 30 Payment, or % discount if paid earlier.Requires payment in advance. ***Vendor accepts credit card!*** |
| \*\*9. DUNN AND BRADSTREET #:If vendor does not have a Duns Number have them call **866-606-8220** and SAM will help them get their number at no cost and register them in the SAM.GOV. | **10. FSS CONTRACT (NAC or GSA)** (if applicable)FSS Contract #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. VA employee requesting new vendor:NAME: \_ PHONE/EXT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12.Verified Government Sources  \*\*sam.gov Vetbiz.gov \*\*EPLS.GOV **HHS (Required by Vendor Cleansing Team member)** |
| 13. \*\*\*Is this vendor a government employee or have staff that also works for the government? [ ]  YES [ ] NO |

**NOTE: All vendors must be registered with** [**www.sam.gov**](http://www.sam.gov)

**Instructions: Complete all blocks and check all boxes that apply**. **This form must be used!**

***SEND VENDOR REQUESTS TO: VHAANN VENDOR CLEANSING***