# \*\*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***