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| **VENDOR CODE NO.** | **Standard IAP Vendor Terms: Net 45** | | | | | | |
| **FED I.D. or S.S. NO.** |  | | | | | | |
| **INSTRUCTIONS:** Complete all spaces on both sides and return to:  [supplier@iapws.com](mailto:supplier@iapws.com)  Insert “NA” in blocks not applicable. Type or print all entries. | | | | | **DATE SUBMITTED** | | |
|  | | |
| 1. **BUSINESS NAME AND ADDRESS** | | | | | **INTERNET ADDRESS** | | |
|  | | | | |  | | |
| **E-MAIL ADDRESS (business email preferred):** | | |
|  | | |
| 2. **TYPE OF ORGANIZATION** (Check one)  INDIVIDUAL/SOLE PROPRIETOR PARTNERSHIP EXEMPT LIMITED LIABILITY COMPANY  Enter Tax Classification (D,C,P)\_\_\_\_\_\_\_\_\_\_  CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF CORPORATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUBSIDIARY. IF YES, NAME OF PARENT COMPANY OR ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO 1099 REQUIRED  DUN AND BRADSTREET NUMBER . | | | | | | | |
| 3. **CAPABLE OF ELECTRONIC COMMERCE** (Check one)  YES  NO IF YES, HOW: | | | | | | 4. HOW LONG IN PRESENT BUSINESS | |
| 5. **PERSONS AUTHORIZED TO SIGN BIDS OR CONTRACTS IN BUSINESS NAME** | | | | | | | |
| NAME | | OFFICIAL CAPACITY | | | | | SIGNATURE |
|  | |  | | | | |  |
|  | |  | | | | |  |
| 6**. PERSONS TO CONTACT ON MATTERS CONCERNING ORAL PRICE QUOTES, BIDS, CONTRACTS** | | | | | | | |
| NAME | | E-MAIL ADDRESS: | | | | | TELEPHONE/FAX No. (include area code) |
|  | |  | | | | |  |
|  | |  | | | | |  |
| 7. **PERSONS AUTHORIZED TO PROVIDE INFORMATION ON MATTERS CONCERNING PAYMENT/BANKING INFORMATION**  **(Must include a minimum of two) \*\*Please include first and last names, as well as, a signature next to the telephone number\*\*** | | | | | | | |
| NAME (First and Last Names) | | E-MAIL ADDRESS: | | | | | TELEPHONE/FAX No. (include area code) (please include signatures) |
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| **VENDOR TERMS/REMIT TO ADDRESS (Business Accounts)** | | | | **FINANCIAL CAPABILITIES** | | | |
| **REMIT TO ADDRESS :** | | | | **Annual Sales Revenue for the Past Three Years** | | | |
|  | | | | Please provide your company’s annual sales revenue for the past three years.  FYE 20\_\_\_\_\_\_ Annual Sales Revenue $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FYE 20\_\_\_\_\_\_ Annual Sales Revenue $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FYE 20\_\_\_\_\_\_ Annual Sales Revenue $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CUSTOMER/ACCOUNT #:** | | | |
| **ELECTRONIC (ACH) PAYMENT (U.S. Firms)**: Please complete the ACH (Automatic Clearing House) Vendor Payment Enrollment, Form # 4500-16  Check Box when Completed  ***If non-U.S. firm, a wire transfer request form, form # 4000-063 must be completed and signed by the two (2) authorized persons identified in 7 above.*** | | | |
| **If additional space is required, attach separate sheet and refer to item number.** | | | | | | | |
| **Vendor is responsible to notify IAP of any changes to the above information. Any changes must be authorized by the persons identified above.**  **Changes will not be accepted on invoices regarding changes in payment remittance information.** | | | | | | | |
| CERTIFICATION  I certify that information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the federal Government from bidding for furnishing materials, supplies, or services to the Government or any agency thereof. | | | SIGNATURE | | | | |
|  | | | | |
| NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or print) | | | | |
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| PLEASE PROVIDE THE FOLLOWING INFORMATION AND DOCUMENTATION:   1. DETAILED DESCRIPTION OF CORPORATE STRUCTURE, INCLUDING OWNERSHIP STRUCTURE, IDENTIFICATION OF AFFILIATES, AND BIOS FOR KEY LEADERSHIP 2. COPIES OF RECENT MARKETING MATERIALS, COMPANY FACT SHEET, BROCHURES, AND/OR IDENTIFICATION OF WEBSITE. 3. VERIFICATION OF REQUIRED OPERATING AND OTHER LICENSE, REGISTRATIONS, AND PERMITS (INCLUDING TRANSLATED COPIES INTO ENGLISH, IF AVAILABLE) WITH EXPLANATION OF THEIR NATURE AND PURPOSE | | | | | |
| BUSINESS AND BANKING REFERENCES  PLEASE PROVIDE A POINT OF CONTACT WITH NAME, TITLE, COMPANY, CURRENT PHONE NUMBER, AND CURRENT EMAIL ADDRESS FOR THE FOLLOWING REFERENCES:   1. 3 TO 4 BUSINESS REFERENCES (customers, business partners, etc) 2. 2 TO 3 CURRENT BANK REFERENCES WITH THE SAME COMPANY NAME AS SHOWN ON THIS APPLICATION 3. PREVIOUS WORK FOR U.S. GOVERNMENT  NO  YES   IF YES - INCLUDE 1 TO 2 U.S. GOVERNMENT REFERENCES IF THE COMPANY HAS PERFORMED WORK UNDER US GOVERNMENT CONTRACTING   |  | | --- | |  | | | | | | |
| Geographical Operating Radius/Preferences (*Local, State, Regional, National, International )* | | | | | |
| *(please specify*) | |  | | | |
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1. Does the vendor have any current or past professional or personal relationship with any foreign Government official, including the IAP customer, in which it will perform services? (Include any principal, staff member, key employee, officer, director, shareholder, or family member of candidate. Personal or professional affiliations include family relationships, and past or present official positions. Government officials include political officials or candidates for political office.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are there any legal, arbitral, or regulatory proceedings currently pending against the vendor which, if adversely determined, could have a material adverse effect on supplier’s ability to perform activities on behalf of IAP?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has the vendor, or any principal, key employee, officer, director, or shareholder of candidate been indicted or convicted of any criminal offenses (excluding minor traffic offenses)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does vendor employ any former employees, civilian or military, of the U.S Government or applicable foreign government?

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5. Has vendor’s organization undergone any change in ownership or management in the past two years?

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1. Describe the vendor’s general reputation in the business community in the Territory and describe the reasons for the conclusions reached in this regard. (Identify sources contacted with respect to Contracting Party’s reputation, e.g., U.S. Embassy, Department of Commerce, local Chamber of Commerce, local banks, customers, references, local legal counsel).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does your affiliate have a partnership or joint venture with a U.S. company?

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