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|---|--|
| Company Name: | |
| Doing Business as: (if different from above) | |
| Order Address: | |
| City, State, Zip Code | |
| Remit To Address | |
| City, State, Zip Code | |
| Contact Person: | |
| Telephone Number: | |
| Fax Number: | |
| E-Mail Address: | |
| Primary NAICS Code* | |

*To find NAICS Code go to: http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf

Business Size (Check all that apply):

- Small
- Small Disadvantaged Business
- Woman Owned Small Business
- Certified by SBA as a HubZone Small Business
- Historically Black Col./Univ., or Minority Institution
- Service Disabled Veteran Owned Small Business
- Veteran Owned Small Business
- Alaskan Native Corporations (ANCs) and Indian Tribes that have not been certified by the Small Business Administration as a small disadvantaged business.
- Alaskan Native Corporations (ANCs) and Indian Tribes that are not small businesses
- Large
- Other (Specify): _____
- Employee

| | |
|---|---------------------------------|
| Federal Tax I.D. #: or SS # | |
| State Tax I. D. # | |
| <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Net 30 | <input type="checkbox"/> Net 15 |

Under 15 U.S.C. 645(d), any person who misrepresents this information and status shall (1) be punished by a fine; imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Signature and Title

Date