VENDOR ENTRY FORM

* Fields are MANDATORY.

Name & Address of Business

__________________________________________

__________________________________________

__________________________________________

__________________________________________

City         State       Zip Code             City         State       Zip Code

Contact Person: ____________________________     Title: ____________________________

E-mail Address: ____________________________     1-800-_____ -

Phone Number: (_____ ) - ___________     Fax Number: (_____ ) - ___________

* Business Size: [ ] Small     [ ] Large

Type of Business: [ ] Domestic Firm
                  (performing outside US)     [ ] Other Small Business
                  (performing in US)
[ ] Foreign Concern/Entity     [ ] Hospital
[ ] HBCUS/MIS     [ ] Profit
[ ] Large Business
                  (performing in US)     [ ] Small Disadvantaged Business
                  (performing in US)
[ ] Woman Owned     [ ] Other Non-Profit
[ ] Other Educational     [ ] Workshop for the Blind or Other
                          Severely Handicapped

* FSCs (Federal Supply Classification Codes – select from Supply and Equipment or Other Services and Construction sites available at www.mvs.usace.army.mil/ct/fsc.html:

______  ______  ______  ______  ______  ______  ______

* SIC Code (Standard Industrial Classification Code) Sic Code 1 or Sic Code 2:

______  ______  ______  ______  ______  ______

Discount Terms: ________%     Discount Days: ________     Net Due: ________

* Dun & Bradstreet Code: ________

* Federal Tax ID (EIN): ________________________     Parent Tax ID: ________________________

* CAGE Code: ________________________ (Commercial and Government Entity Code)

Contracting Division Form (Updated 03 March 2000)