



## SUPPLIER / VENDOR FORM

INTERNAL USE ONLY	
Date:	_____
Base/Location ID:	_____
Requestor:	_____
Requestor Phone #:	_____

VENDOR INFORMATION (Complete the following and forward to BBA representative for processing)	
Vendor's Name:	_____
Physical Address:	Street Address 1: _____
	Street Address 2: _____
	City, State, Zip Code: _____
Payment Remit to:	Street Address 1: _____
	Street Address 2: _____
	City, State, Zip Code: _____
Contact Name:	Phone #: _____
Email Address:	_____
Tax Payer ID/SSN#:	Federal Tax I.D.#: _____
Credit Card Payments (VISA/MC) accepted?	_____
Please mark and complete all applicable blocks (this information is mandatory before submitting this form)	
Type of Business Entity:	Type of Business Activity: _____
Minority Business?	1099 Required? _____

INTERNAL USE ONLY (BBA representative to complete the following and forward to BSC for processing)	
Approval Signature: (REQUIRED)	_____
Print Name/Title:	_____
<i>MUST be signed by Manager or Above, acknowledging due diligence has been performed on vendor information above and procurement approval obtained</i>	
Request Type:	PO System? _____
Payment Terms:	<i>45 days Standard Net Terms</i> _____
Comments:	_____ _____ _____ _____

BBA Employee - Email to: [DataPricing@bbabsc.com](mailto:DataPricing@bbabsc.com)

Attach supporting documentation (P.R., W9, w8, etc.)

**When printing the Vendor Add/Change form, please use the following options for each category listed below:**

**Credit Card Payments accepted:**

- Yes
- No

**Minority Business:**

- Corporation
- Employee business
- Small business (8a)
- Woman (women) owned business
- Minority owned business

**Type of Business Entity:**

- Corporation
- Employee
- Governmental Agency
- Individual/Sole Proprietorship
- Intercompany
- Limited Liability Company
- Non-profit
- Partnership

**1099 Required:**

- Yes
- No

**Type of Business Activity:**

- Calibration Vendor
- Catering
- Construction
- Consultant
- Distributor
- Employee
- Equipment Rental/Lease
- Freight/Charter
- Fuel/Oil Supplier
- General Purchasing
- Legal Services
- Manufacturer
- Medical/Health Care
- OTHER: Goods/Services
- Parts Supplier
- Real Estate Rental/Lease
- Repair Subcontractor
- Retailer
- Tax/Concession Fees
- Utilities

**Request Type: (Internal Use Only)**

- Add New Vendor
- Add Remit to
- Approve/Change TERMS
- Change in Payment Method
- Commission
- Deactivate Vendor
- Garnishment
- Other
- Refund

**PO System: (Internal Use Only)**

- N/A
- COUPA
- Impresa
- OTHER