



NEW VENDOR TRANSCRIPT FORM

Vendor Number	Input By	Date of Entry

Company Information			
COMPANY:			
DOING BUSINESS AS (DBA):			
ADDRESS:			
CITY		STATE	ZIP
PHONE:		FAX:	
CONTACT:		CONTACT E-MAIL:	
PAY TERMS:			
FOB:			

Company Overview			
D&B NUMBER:		CAGE CODE:	
		TAX ID:	

<input type="checkbox"/> Remittance Address: <i>(Use checkbox If Remit To is the same as the physical street address above)</i>			
COMPANY:			
ADDRESS			
CITY		STATE:	ZIP:

<input type="checkbox"/> Return Address: <i>(Use checkbox If Return To is the same as the physical street address above)</i>			
COMPANY:			
ADDRESS			
CITY		STATE	ZIP

Business Size & Labor Categories <i>(Place an "X" for all that apply)</i>			
	Large Business		Disadvantaged (includes Minority-Owned)
	Small Business		HUB Zone Business (Requires Certification)
	Non-Profit Business		Veteran-Owned Business
	Foreign/Other Business		Service-Disabled Veteran-Owned Business
	Woman-Owned Business		Historical Black Colleges & Universities/Minority Institutions)

SAM <i>(Enter "Yes" or "No")</i>	
	Registered with the System for Award Management (SAM; https://www.sam.gov/portal/SAM/#1)

SIGNATURE & DATE

**Completed W-9 must be attached.*

YULISTA

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